uithson	PHS-797(VS) REC VED (1949 Revisio	n of Standard Certificate)	State File No. 00
7	PUBLIC HEALTH SERVICE JAM 28 JOSCERTIFICATION Statistics	TE OF STILLBIRTH te of Idaho	Local Reg. No
	1. PLACE OF STILLBIRTH a. COUNTY Ada	2. USUAL RESIDENCE OF a. STATE Idaho	MOTHER (Where does mother live?) b. COUNTY Ada
	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roise	c. CITY (If outside corporate limits, OR TOWN Meridian	
	c. FULL NAME OF (If not in hospital or institution, give street address or locati HOSPITAL OR INSTITUTION	d. STREET (If rural, gi	ve location)
	(Type or Print) Baby Hale		
	Female SINGLE TWIN TRIPLET	1ST 2ND 3RD 3RD	DATE OF (Month) (Day) (Year) STILLBIRTH Jan. 5 1955
	NAME Vilton Gar	(Middle) c. (Las rettson Hale	7470 . 4
		J. Radio and T.V.	116. KIND OF BUSINESS OR INDUSTRY
	MAIDEN NAME Fmagene	(Middle) c. (Las Leetham	White
	14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 20 YEARS Salam, IItah 17. INFORMANT	a. How many children are now living? b. How many children are now living?	TO THIS MOTHER (Do NOT include this child) Any children were ut are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks
	18a. LENGTH OF PREG. 18b. WEIGHT A RTH 19 Was a stand	Four n	one pregnancy)?
	28 WEEKS LIBS. 10 025. Approximate CAUSE OF STILLBIRTH 20a. FETAL CAUSES	e date Septialia M	s performed? Yes. No
	OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES	hydramnio	
	21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR	DELIVERY Lafor under
	I hereby certify that I attended the birth of this child who was born dead on the date stated above 23c. ATTENDANT'S ADDRESS 23c. ATTENDANT'S ADDRESS	E (Specify if M. D. midwife, of	1-6-55
	at m. Boise Frote	attended by physician	ON (City, town, or county) (State)
	25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Jan. 6 1955 St. John DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		oise, Idaho Address
	1-10-55 Y nyetle Talmes	Schreiber-McCann-	Gibson-Boise
	N	Warry J. au	KAL)

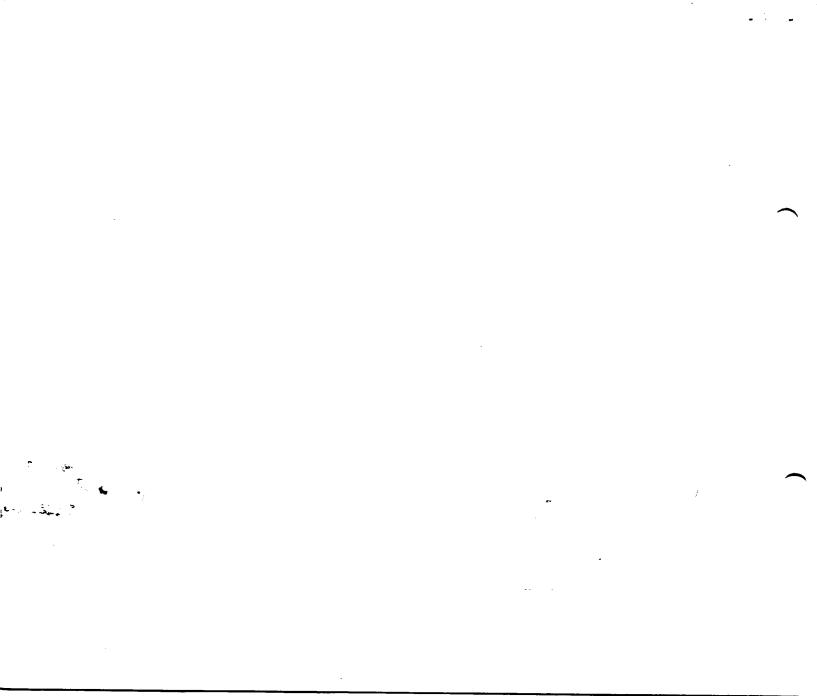
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PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	RVICE J	AN 23 JU	CERTIFI		Standard Certificate OF STILLBIF Idaho		Local Reg	No	7
1. PLACE OF S a. COUNTY	TACTION	phot Vital Sta	tistics		2. USUAL RESID	ENCE OF MC	DTHER (Where	does mother liv	re?)
	da				Idal			Ada	
TOWN -		mite, write RURAL as	d give township)		c. CiTY (If outside or OR	orporate limits, write	RURAL and give	township)	
	oise					idian			
HOSPITAL OR INSTITUTION		hospital or institution, Alphonsu			d. STREET ADDRESS	(If rural, give lo			
3. CHILD'S NA		ALDITORIS	3 HOSPICA			W. Carlto	n		
((Type or Print		ABY B	OY W	ORTHIN	IGTON				
4. SEX	5a. THIS		01 "		WIN OR TRIPLET (This c	hild born) 6. DA	TE OF (Mont	th) (Day)	(Year)
Male	SINGLE	X TWIN	TRIPLET] 1ST [<u> </u>	3RD STI	LLBIRTH `	ary 10	
7. FATHER'S NAME		a. (First)		b. (Midd	le)	c. (Last)		8. COLOR O	R RACE
		Cecil		E.	· Wo	rthington	1	White	
9. AGE (At time of the	nis birth)	10. BIRTHPLACE	(State or foreign cou	ntry)	11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OF	R INDUSTRY
· 28	YEARS	Boise,	Idaho		Lineman		Idaho	Power	Co.
12. MOTHER'S MAIDEN		a. (First)	 	b. (Midd	le)	c. (Last)		13. COLOR O	OR RACE
NAME		_ Phyliss		Jean		<u>Naftel</u>		White	
14. AGE (At time of the	ain birth)	15. BIRTHPLACE	(State or foreign cou	ntry)	16. CHILDREN PREVIO				
25	YEARS	Alameda,	Californ	ie,	a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How man children we (born dead a	re stillborn
Perit	ستندج	(14)	st' 7	/	3	None		pregnancy)?	None
18a. LENGTH OF PR	EG- 18b.	WEIGHT AT BIRTH	1 19 WAS 9 6	tandard	serological test f	on ambilia n	owformed ?	Voc I	
3 Y WEEKS	NCY 7	LBS. 8 OZS		mate da	te Oek	1954	errormeu:	163к	. 140
CAUSE OF STILE		20a. FETAL CAUS	ES L			· · · ·			
causing fetal death use such terms as	(do NOT	205. MATERNAL	CAUSES			<i></i>			 '
Prematurity, Asphy:	xia, etc.)	Place	enter !	Trace	vin T/	remet	me &	exar	atron
21. STATE ANY CON	APLICATION	S OF PREGNANCY	AND LABOR	سرر	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
I hereby certif	u that I	23a. ATTEND	NT SIGNA	TURE	(Specify if M. T)., midwife, or oth	ner)	23b. DATE S	IGNED
attended the birth	h of this		1500	4 4 4 4	Z XX	-	/	1/14	1/1/2
child who was be		23c. ATTENDANZ	S ADDRESS A		It NOT 24. SIGNAT	TURE OF AUTHO	RIZED OFFICIAL	_	TITLE
at	m.	12018	e de	a ho	attended by physician	TONE OF MOTIO	MILLY OFFICIAL	_	***************************************
25a. BURIAL, CREI TION, REMOVAL (Spe	MA- 25b.	DATE	i		OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Burial	<u>-</u> _	1-12-55	Cloverd	lale Me) Boi			<u>Idaho</u>
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATU		/	26. FUNERAL DIRECT	OR	AD AD	DRESS	
1-21-55		jujule	_ I WM	new E	undel	WAL	24		Latah
		<i>(</i> /			RELYEA MOR	TUARY		Boise,	Idaho

RF	CI	EIVED						001	1
PHS-797(VS)			(1949 Revis	ion of	Standard Certificate	:)	State File	No	. ,
EDERAL SECURITY	APPIN	$2.1 \ .055$	CERTIFICA	TE	OF STILLBIR	RTH		No. 16	
PUBLIC HEALTH SERVICE DIVISI	on of	Vital Statistics	Ste	ate of	Idaho		Reg. Dist.	No. & G. Q	•••••
I. PLACE OF STILI	BIRT	гн			2. USUAL RESID	ENCE OF	MOTHER (Where	does mother live?)	
a. COUNTY Bingh:	am .				a. STATE Idah		b. COUNTY .	Bingham	
b. CITY (If outside corpo		its, write RURAL and g	rive township)				, write RURAL and give		
TOWN Blackfo	oot.				OR	kfoot			
c. FULL NAME OF GE		epital or institution, giv	e street address or loc	ation)	d. STREET ADDRESS		give location)	······································	
HOSPITAL OR INSTITUTION Bi	ngha	m Memorial	Hospital		Rou	te #3			
3. CHILD'S NAME				Ţ,					
((Type or Print)		NOT NAME	D						
4. SEX 5a.	THIS BI	IRTH	[,	5b. IF T	WIN OR TRIPLET (This c	hild born) 6	DATE OF (Mont	h) (Day) (Ye	er)
Male su	NGLE []	TWIN 🗌	TRIPLET	15T	2ND	3RD	stillbirth Janu	arv 10, 195	55
7. FATHER'S NAME		a. (First)	b	. (Midd	le)	c. (La		8. COLOR OR RACE	
MANIE		Donald				Par	k	White	
9. AGE (At time of this birt	h)	10. BIRTHPLACE (St	ste or foreign country)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR INDUS	STRY
<u> </u>	EARS	Murray	, Utah		Farming				
2. MOTHER'S MAIDEN		a. (First)	b	. (Midd	le)	c. (L	ast)	13. COLOR OR RAC	Ē
NAME		Grace		L •		Jone	s	White	
4. AGE (At time of this bird	ub)	15. BIRTHPLACE (8t	ate or foreign country	•)	16. CHILDREN PREVIO				
	ARS	Shelley	<u>Idaho</u>		a. How many chil- dren are now living?	b. How no born alive	nany children were but are now dead?	c. How many OTE children were still	born
7. INFORMANT		0(.)	P					(born dead after 20 w pregnancy)?	eeks
Drane	<u>~~</u>	T. Fan	<u>Moth</u>		Five		ive	None	
8a. LENGTH OF PREG- NANCY		WEIGHT AT BIRTH	19 Was a star	ndard	serological test f	or syphi	lis performed?	Yes. X No	
38 WEEKS	1?	LBS. ? OZS.	Approxima	te da	te June				
CAUSE OF STILLBIR	TH	20a. FETAL CAUSES	lenk						
State only morbid condi- causing fetal death (do l use such terms as Stillt	tions VOT -	201 MATERNAL CA		na	w				
ise such terms as Still Prematurity, Asphyxia, e	te.)	20b. MATERNAL CA	1/2/2		4.04				
1. STATE ANY COMPLIC	ATIONS	S OF PREGNANCY A	ND LABOR		22. STATE ALL OPERA	ATIONS FOR	R DELIVERY		
	_	ne.		_	no	~e			
I hereby certify the	at I	23a. ATTENDAN	T'S SIENATU	RE _	(Specify if M. I)., midwife,	or other)	23b. DATE SIGNED	
attended the birth of	this	Kalvi	4/7/2	a	tion	D.		1-12-55	•
child who was born o on the date stated a		230 ATTENDANT'S	ADDRESS			TURE OF A	JTHORIZED OFFICIAL	, TITL	E
10:10 P,	.	//			attended by physician				
5a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. I	DATE	25c. NAME OF CE	METER	OR CREMATORY	25d. LOCA	TION (City, town, or	county) (Sta	te)
Cremation	1-	·11 - 55	<u>Bingh</u> am	Mem	orial Hospit	al 🔼		daho	
DATE REC'D BY LOCAL REG	REGIS	STRAR'S SIGNATURE	Alct	ing)	26. FUNE AND IRECT	M)	AD	DRESS	
ne 137912	\ <i>[\]</i>	So Wakie	r 6. tatu	re	andlete	LUCE	erg h		
	• /								

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D. I.C. 707/1/C\	n = 0	-11/	(4040 D . 1.1 4	St 1 1 C 1 C 1	,		2004
			(1949 Revision of CERTIFICATE	Standara Certificati OE STILLBIE	?) 가니	State File	No
PUBLIC HEALTH S	SERVICE E E	8 :355	State of		XIII		No. 600
	SPILLIBAR	ql_i Vital Statistic	8	2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)
a. COUNTY	Bingha	m		a. STATE Ida	aho	b. COUNTY E	ingham
OR	lde corporate lis	nite, write RURAL and g	ive township)	c. CITY (If outside ed	orporate limite, write	RURAL and give	township)
TÓWN	Blackf				ackfoot		
HOSPITAL OF	R		e street address or location)	d. STREET ADDRESS	(If rural, give loc	ation)	
3. CHILD'S N		am Memorial	. Hospital	ion li	ite #2		
(Type or Pri		אזרטיתי אז א אתבידה					
4, SEX	5a. THIS I	NOT NAMED	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Mont	th) (Day) (Year)
Male	SINGLE	I niwt K	TRIPLET 1ST	2ND	3RD STIL	₋ Januar	y 29, 1955
7. FATHER'S NAME		a. (First)	b. (Midd	lle)	c. (Last)		8. COLOR OR RACE
		George			Walter		White
9. AGE (At time of		10. BIRTHPLACE (St.	· · · · · · · · · · · · · · · · ·	Farming	TION	11b. KIND OF	BUSINESS OR INDUSTRY
30 12. MOTHER'S	YEARS	a. (First)	b. (Midd		c. (Last)		13. COLOR OR RACE
MAIDEN	•	Verleen	D. (111d)	,	Borro	man .	White
14. AGE (At time of	this birth)	15. BIRTHPLACE (St	ate or foreign country)	16. CHILDREN PREVI			(Do NOT include this child)
	23 YEARS	Thomas	. Idaho	a. How many chil- dren are now living?	b. How many born alive but ar	children were	c. How many OTHER children were stillborn
17. INFORMAN	NT ,	<u></u>		den are now hydigi	Dorn anive but an	o now dead.	(born dead after 20 weeks pregnancy)?
ala	ene	Leuse	w Clerk	Four	None		None
18a. LENGTH OF I	IANCY	LBS. ? OZS.	¹⁹ Was a standard Approximate da		for syphilis p	erformed?	Yes. No
CAUSE OF STI	LLBIRTH	20a. FETAL CAUSES		P			
State only morbid	conditions	·	none	- man	<u> </u>		
causing fetal deat use such terms a Prematurity, Asph	s Stillbirth, nyxia, etc.)	20b. MATERNAL CA	USES	- h	ewn		
21. STATE ANY CO	OMPLICATION	S OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	VERY	
	no	4					
I hereby cert attended the bi	rth of this	23a. ATTENDAN	SIGNATURE	Specify It M.	D., fidwife, or oth	- NS	23b. DATE SIGNED
child who was on the date sto	ited above	23c. ATTENDANT'S	ADDRESS	attended by	TURE OF AUTHOR	RIZED OFFICIA	L TITLE
at	Pom.	DATE	25c. NAME OF CEMETER	physician Y OR CREMATORY	25d, LOCATION	(City town of	county) (State)
25a. BURIAL, CR TION, REMOVAL (8 Cremati	em A- Specify) On	1-30-55		emorial Hosp	_	ckfoot	
DATE REC'D BY I	OCAL REG	ISTRAR'S SIGNATURI	Agting	26. EUNEAN, DIRECT	3//	AC	DDRESS
1262193	3 //	In Wale	Y tatrice	1 Men	sso/le	cape	_

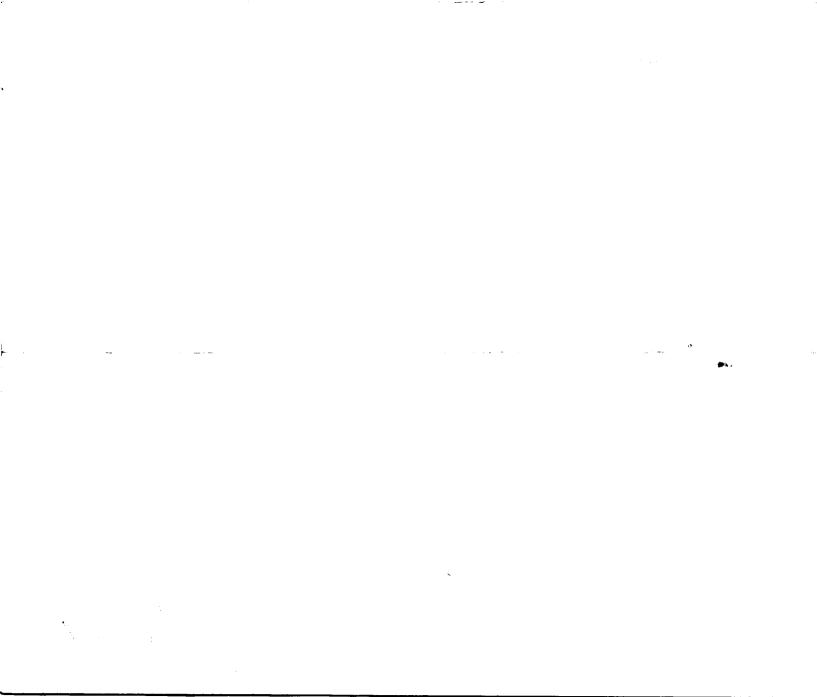


PHS-797(VS) (1949 Revision of Standard Certificate) State File No..... Statistics CERTIFICATE OF STILLBIRTH FEDERAL SECURITY AGENCY Local Reg. No PUBLIC HEALT PERMICE OF Reg. Dist. No.... State of Idaho 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY Bonneville a. STATE Tdaho b. COUNTY Bonneville b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) TOWN Tdaho Falls Idaho Falla TŎŴN c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) ADDRESS Sacred Heart Hospital INSTITUTION 3. CHILD'S NAME ((Type or Print) Baby Girl Simmons 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Yeller) SINGLE X Female TWIN TRIPLET 2ND 3RD January 7. FATHER'S NAME a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE Douglas Heber Simmons White 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY Oregon Student YFARS 12. MOTHER'S MAIDEN NAME a. (First) b. (Middle) 13. COLOR OR RACE c. (Last) Dorine Pemberton Virginia White 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) Idaho a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks VEARS 17 INFORMANT pregnancy)? None None 'None 18a. LENGTH OF PREG- 186. WEIGHT AT BIRTH Was a standard serological test for syphilis performed? Yes...... No... Approximate date WFFKS LBS. OZS. 20a. FETAL CAUSES CAUSE OF STILLBIRTH and at least 1. State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES 22. STATE ALL OPERATIONS FOR DELIVERY (Specify if M. D., midwife, or other) 23b. DATE SIGNED

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR I hereby certify that I attended the birth of this child who was born dead ATTENDANT'S ADDRESS on the date stated above If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by Idaho Falls, Idaho physician 25a. BURIAL, CREMA-25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State) 17/55 RoseHill Cemetery Falls Idaho REC'D BY LOCAL REGISTRAR'S SIGNATURE Idaho

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PHS-797(VS) 4-48 FEDERAL SECURI PUBLIC HEALTH SEI	RVICE	REC	EIVE	ATE		RTH	Local Reg Reg. Dist.	No. 19 No. 670	•••••••
a. COUNTY Bonne		^ተ ነት ይህ	3 2 2 135!	b	2. USUAL RESID		 b. COUNTY 		,
		Division	of Vital Sta	tistics	Ide			itte	
b. CITY (If outside OR TOWN TAR			ive township)		c. CITY (If outside o OR TOWN		RURAL and give	township)	
	ho Fa	LLB pital or institution, give			d. STREET	Arco			
HOSPITAL OR INSTITUTION		S.Hospit	_	iocation)	ADDRESS	(If rural, give lo	ontion)		
3. CHILD'S NA			·						
[(Type or Print,	<i>,</i> 	Judith	Ann M	il le	r				
4. SEX	5a. THIS BII	RTH		5b. IF T	WIN OR TRIPLET (This	child born) 6. DA	TE OF (Mon	th) (Day)	(Year)
emale	SINGLE X	TWIN	TRIPLET	157	2ND		DUREY	27, 195	5
7. FATHER'S NAME		a. (First)		b. (Midd	lle)	c. (Last)		8. COLOR OR	
NAME	Sta:	aley		L		Miller		White	
9. AGE (At time of th	ie birth) 1	0. BIRTHPLACE (Sta	te or foreign count	try)	11a. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
3 0	YEARS-	Idaho	O		Farmer			. •	
12. MOTHER'S MAIDEN		a. (First)		b. (Mide	lle)	c. (Last)		13. COLOR OR	
NAME		Alice		Rut	h	Bat •		White	<u> </u>
14. AGE (At time of th	is birth).	5. BIRTHPLACE (Sta	te or foreign coun	try)	16. CHILDREN PREVI	OUSLY BORN TO	THIS MOTHER	(Do NOT include	this child)
30	YEARS	Idal	1 0		a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many children were	OTHER
17. INFORMANT	De P	mille	, ,		2	None		(born dead after pregnancy)?	r 20 weeks
18a. LENGTH OF PR	NCY	EIGHT AT BIRTH	19 Was a st Approxim		serological test	for syphilis p	erformed?	Yes	No
WEEKS		LBS. OZS.	Whitevit	naue ua					7
CAUSE OF STILI	PRIKLH	W. FETAL CAUSES	-	<i></i>	larel		Sla		/
State only morbid causing fetal death use such terms as Prematurity, Asphyr	(do NOT Stillbirth, ria, etc.)	Ob. MATERNAL CAL	ISES		arano	n y	Ja	cen	a
21. STATE ANY COM	IPLICATIONS	OF PREGNANCY A	ND LABOR		22. STATE ALL OPER	NATIONS FOR DEL	IVERY		
Essenti	al	hyper le	neco	7 1	Breed	he	Msa	dio	<u> </u>
l hereby certif	y with I -	TENDAN	T'S SIGNAT	URE	Specify if M.	D. midwig, or ot	ber)	23b. DATE SIG	NED
attended the birth		Brown		12	ills.	mi	/	12/8	155
on the date state		3c. ATTENDANT'S A	ADDRESS 0	, -	If NOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	ir / /	TITLE
at	m.	Idaho Fa	lls, Ids	iho	physician				
25a. BURIAL, CRESTION, REMOVAL (8pe	M A- 25b. D	ATE	25c. NAME OF	CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Burial	1/2	8/55	Rose Hi	111 0	emetery a	Idaho	Falls	\I dahc)
	CAL REGIS	MAR'S SIGNATURE	Buil	7-ca	Jack A.	Mood, Ide	ho Fel	pless Is Idah	
					/	·		-	
			\cup						

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PHS-797(VS) RE	CEIVE	O (1949 Revision of	Standard Certificat	e)	State File	No	() () '5'
PUBLIC HEALTH SERVICE	A9 18 355	CERTIFICATE	OF STILLBI	RTH	Local Reg.	No. 36	0
Divisi	on of Vital Stati	stics State of					
1. PLACE OF STILLBIR			2. USUAL RESID	ENCE OF MO		does mother live	of)
CA	NYON		a. STATE Id.	980	b. COUNTY	CAN	VON
b. CITY (If outside corporate i	imits, write RURAL and	give township)	c. CiTY (If outside o	orporate limits, write	RURAL and give	township)	
TOWN (A/d)	we 1/	٠.	TOWN _	REIN	15Af	•	
c. FULL NAME OF (II not in HOSPITAL OR INSTITUTION	hospital or institution, gi	ve street address or location)	d. STREET ADDRESS	(If rural, give lo		,	
3. CHILD'S NAME ((Type or Print)	Dar Fine 6	V JOY	, Ž	elamarter	arte,		
4. SEX 5a. THIS	BIRTH	,5b. IF T	WIN OR TRIPLET (This	child born) 6. DA	TE OF (Mont	h) (Day)	(Year)
EMPLE SINGLE	Zd twin □	TRIPLET 1ST	2ND	3RD STI	//	VARI	7-15-5
7. FATHER'S	a. (First)	b. (Midd		c. (Last)	- Joseph Contraction of the Cont	8. COLOR OF	RACE
NAME	(LA-K	S_{ε}	Parl 1	SIAMA	open	آصحر امر	+=
9. AGE (At time of this birth)	BIRTHPLACE (S	tate or foreign country)	11a. USUAL OCCUPA		11b. KIND OF	RUSINESS OR	INDUSTRY
22 YEARS	memen	Le- OREgon	stude	- -	1	1 1	// -
MOTHER'S	a. (First)	b. (Midd	1 2) 4 6 2 /	c, (Last)	CASOR	13. COLOR O	198 - 10A
MAIDEN NAME	1/5001	a 0. (Mid	,	1. 2		13. COLOR O	N-RACE.
. AGE (At time of this birth)	15. BIRTHPLACE (8	tate or foreign country)	Lie CUII DOEN ODEN	715 /2	F.A.	WAI	7 <u>E</u>
2.	S. BIRTIN EACE (8	ate or foreign country)	a. How many chil-				
YEARS YEARS	CXEA///E	-WAS bing ton	dren are now living?	born alive but a	re now dead?	c. How many children were (born dead aft	e stillborn
1117	→ G	reenleaf, Ida.			ļ	pregnancy)?	er zi weeks
Suy a fell	mares			0		0	
a. LENGTH O F PREG- NANCY WEEKS	LBS. 93,02S.	¹⁹ Was a standard Approximate da	serological test i te	for syphilis p	erformed?	Yes	No
AUSE OF STILLBIRTH	20a. FETAL/CAUSES	1					
ate only morbid conditions	_un	known	<i>,</i> –				
using fetal death (do NOT se such terms as Stillbirth, rematurity, Asphyxia, etc.)	20b. MATERNAL CA	USES					
ometmity, Asphyam, etc.)	Jane	anoun	_				
STATE ANY COMPLICATION	NS OF PREGNANCY	ND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY		
houl			rose				
I hereby certify that I	23a. ATTEMBAN	T'S SIGNATURE		D., midwife, or oth	ier)	23b. DATE SIG	GNED
ttended the birth of this	1 ////	1 /2 /las	undas	M	0.	Open 1	2.50
hild who was born dead n the date stated above	23c. ATTENDANT'S	ADDRESS	If NOT 24. SIGNA	TURE OF AUTHOR	RIZED OFFICIAL	prese	TITLE
124/0.		/	attended by physician			7	- 1 7 1444
a. BURIAL, CREMA- 25b.	DATE	25c. NAME OF CEMETERY		25d. LOCATION	(City town and	wanter)	(State)
ON DEMOVAL OF V	1.10,1955	Greenleaf Cer		Greenles		Idaho	(31816)
ATE REC'D BY LOCAL REG	ISTRAR'S SIGNATUN		26. FUNERAL DIRECT	Manie	P. 10 6	RESS	
-//-55 REG. Q	mes mal	enman	Davis-Warr		al Home	Caldw	ell, Ida
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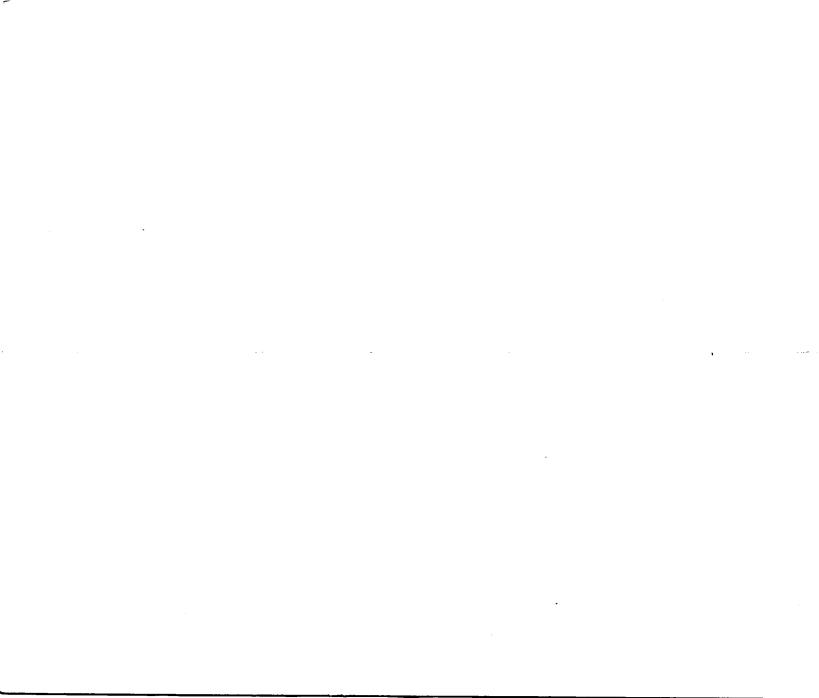
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RECEL ZED	* ·
PHS-797(VS) (19/9 Revision of	Standard Certificate) State File No.
FEDERAL SECURITY ALAN 18 CERTIFICATE	OF STILLBIRTH Local Reg. No
Division of Vital Statistics State of	Idaho Reg. Dist. No
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY Canyon	a. STATE Idaho b. COUNTY OWNUES
b. CiTY (If outside corporate limits, write RURAL and give township)	C. CITY (If outside corporate limits, write RURAL and give township)
TOWN CAldwell	TOWN Jame Na/c
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cardwell Manager	d. STREET (If rural, give location)
3. CHILD'S NAME	m Oracle
(Type or Print) Saby Bay	L SAW
7 1	WIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year)
MA/E SINGLE X TWIN TRIPLET 1ST	2ND 3RD JANUARY 10-55
7. FATHER'S a. (First) b. (Midd	le) c. (Lass) 8. COLOR OR RACE
NAME Darman E	UBENE DAW White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	13. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
96 YEARS OLGAN - UTAS.	JAKM POORER SARMING
12. MOTHER'S 8. (Midd MAIDEN b. (Midd	(Last) 13. COLOR OR RACE
NAME TYPER SUC	
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
23 YEARS (00/V;//E- UTA)	a. How many children were c. How many OTHER children were stillborn
17. INFORMANT	(born dead after 20 weeks pregnancy)?
	7 1 0 0
18a. LENGTH OF PREGNANCY WEEKS 18b. WEIGHT AT BIRTH 19 Was a standard Approximate day	serological test for syphilis performed? Yes
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	1-0-0
State only morbid conditions True Buot un	unvelical choid
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES	
I W	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
none	you
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other) 23b. DATE SIGNED
attended the birth of this child who was born dead	1-11-5
on the date stated above to ATTENDANT'S ADDRESS at 6:30 A m. Caldwell Idalio	If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by physician
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER) TION, REMOVAL (Specity)	·
Burial Jan. 12, 1955 Kohlerlawn	41
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DURECTOR ADDRESS
1-15-55 agnes / Nenman	But hyterland Nampa, Idaho
U	Alsin Funeral Change

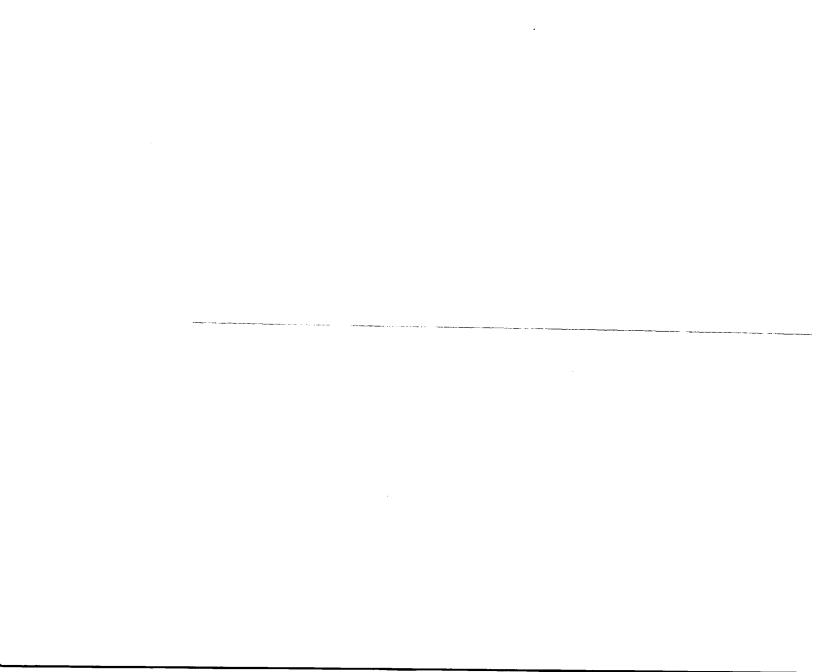
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PHS-797(VS) 1 4-48		101 15		of Standard Certifica	,	
FEDERAL SECURI PUBLIC HEALTH SER	TY ALE	#8T 722 C	ERTIFICATE	OF STILLBI	RTH Local Re	eg. No. 🕰 /
D	Division	of Vital Statistic	State	of Idaho	Reg. Dis	it. No. 36 0
1. PLACE OF ST				2. USUAL RESI	DENCE OF MOTHER (WE	nere does mother live?)
a. COUNTY	any	• •		a. STATE	b. COUNTY	
b. CITY (If outside		mits, write RURAL and gi	ve township)	C. CITY (If outside	corporate limits, write RURAL and a	draffa 30-
OR TOWN /	1	//		OR TOWN //	// - //	ive committy
c. FULL NAME OF	(If not in l	nospital or institution, give	street address or location)	_ <i>Ca</i> _	(If rural, give location)	
HOSPITAL OR INSTITUTION			1.11.	ADDRESS 9		7ae.
3. CHILD'S NAN		I TIE MA. A.	riai riasprii	<u>a</u>	/// Cala. /	<i>Tue.</i>
(Type or Print)		Wands	Gale	To 1		
4. SEX !	5a. THIS I	BIRTH		F TWIN OR TRIPLET (This	child born) 6. DATE OF (M	onth) (Day) (Year)
Femile	SINGLE	Twin 🗌	TRIPLET 1ST		STILLBIRTH _	en. 22. 1955
7. FATHER'S NAME	****	a. (First)	b. (M		c. (Last)	8. COLOR OR RACE
NAME	1	Dennis	Fra	hard	Johnson	white.
9. AGE (At time of this	a birth)	10. BIRTHPLACE (Sta	te or foreign country)	11a. USUAL OCCUPA		OF BUSINESS OR INDUSTRY
30	YEARS	Effic N	lina	Sales	Pea. 5000	Ahani-1Can
12. MOTHER'S		a. (First)	b. (M		c. (Last)	13. COLOR OR RACE
MAIDEN NAME		Szzh	Car	4 = 1 :	5u Hon	whit-
14. AGE (At time of this	birth)	15. BIRTHPLACE (Sta			TOUSLY BORN TO THIS MOTHER	R (Do NOT include this child)
26	YEARS	Bella :	Tenn	a. How many chil-	b. How many children wer	e c. How many OTHER
17. INFORMANT		1	4.0	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks
Dennis	Vo	Knson	Father	/	0	pregnancy)?
18a. LENGTH OF PRE		WEIGHT AT BIRTH	¹⁹ Was a standar	d serological test	for syphilis performed	7 Yes / No
WEEKS	" 7	LBS. 9% ozs.	Approximate of	late	portorinous	110
CAUSE OF STILL	BIRTH	20a. FETAL CAUSES				
State only morbid or	anditions	Umbilical	cord wro	PPEN TIGHT	ly DROUND Th	e Neck
causing fetal death (cause such terms as S Prematurity, Asphyxi	tillbirth,	20b. MATERNAL CAU	SES			
remarmity, Aspuya	a, e.c.,					
21. STATE ANY COMP		S OF PREGNANCY AN	D LABOR	22. STATE ALL OPER	RATIONS FOR DELIVERY	
	No	ne			None	
I hereby certify		23a. ATTENDANT	T'S SIGNATURE	(Specify if M.	D., midwife, or other)	23b. DATE SIGNED
attended the birth child who wa s bor		Oos	ks of A	Jooner	M.D.	1/22/55
on the date stated		23c. ATTENDANT'S A	DDRESS	If NOT 24. SIGN	ATURE OF AUTHORIZED OFFIC	IAL TITLE
at	_ m.	Caldwell,	Dolaho	physician		
25a. BURIAL, CREM TION, REMOVAL (Speci	A- 25b.	DATE	25c. NAME OF CEMETE	RY OR CREMATORY	25d. LOCATION (City, town,	or county) (State)
Burial	Jar	^	Canyon Hil	1 Cemetery	Caldwell, Tdaho	
DATE REC'D BY LOCA	AL REGI	STRAR'S SIGNATURE		26. FUNETURE DIRECT		ADDRESS
1-28-00	Ces	mes m we	nman	Davis-Warr	ick Funeral Home	Caldwell, Idaho
	(U T		\overline{t}		

Due 707(4/5)					**	•	010
PHS-797(VS) 4-48 EEDEBAL SECURITY	ACENCY LAN 9 9	1949 Revision of	Standard Certificate	e)	State File		· · · · · · · · · · · · · · · · · · ·
PUBLIC HEALTH SERVIC	AGENCY JAN 29	BERIFICALE	OF STILLBIR	RTH		No. 36	
		Statistics State of	i Idaho		neg. Dist.	140	W
1. PLACE OF STILL a. COUNTY			2. USUAL RESID			e does mother liv	e?)
Ud	nyon		a. STATE Idal	ho	b. COUNTY	Canyo	n
OR	orate limits, write RURAL and	give township)	c. CiTY (If outside of	orporate limits, writ	e RURAL and give	township)	
	mpa			ampa			
c. FULL NAME OF (III HOSPITAL OR	not in hospital or institution, giv		d. STREET ADDRESS	(If rural, give l	ocation)		
INSTITUTION	Samaritan I	<u>lospital</u>	Ro	ute #5			
3. CHILD'S NAME (Type or Print)							
		ne Vassar					
4. SEX Male 5a.	THIS BIRTH	5b. 1F	TWIN OR TRIPLET (This o	thild born) 6. DA	TE OF (Mont	th) (Day)	(Year)
! SI	NGLE X TWIN	TRIPLET 1ST	2ND	3RD	Ja	n. 11	. 1958
7. FATHER'S NAME	a. (First)	b. (Mid	dle)	c. (Last)		8. COLOR O	R RACE
	Francis	De	an	Vass	ar	Whit	e
9. AGE (At time of this bird	th) 10. BIRTHPLACE (Se	ate or foreign country)	11a. USUAL OCCUPAT	TION ,	11b. KIND OF	BUSINESS OF	INDUSTRY
- 20 YI	ears Nampa.]	daho	L'armina t	Stabor			
12. MOTHER'S MAIDEN	a. (First)	b. (Mid	· · · · · · · · · · · · · · · · · · ·	c. (Last)		13. COLOR C	R RACE
NAME	Wilma	L	eona	Parso	ns	Whit	e
14. AGE (At time of this birt	1		16. CHILDREN PREVIO			Do NOT inclu	de this child)
	EARS Parma,]	daho	a. How many chil- dren are now living?	b. How many born alive but s	children were	c. How man children we	y OTHER
17. INFORMANT	- 11 -	nampa				(born dead af pregnancy)?	ter 20 weeks
1 Monce	& Diada	CONC PE	A5-			p	
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BIRTH	¹⁹ Was a standard	serological test f	or syphilis p	performed?	Yes	No
WEEKS	LBS. 02S.	Approximate di	ate				• 1
CAUSE OF STILLBIR	TH 20a. FETAL CAUSES						
State only morbid condi- causing fetal death (do l	tions NOT						
causing fetal death (do l use such terms as Stillb Prematurity, Asphyxia, et	irth, 20b. MATERNAL CA	USES					
	<u> </u>						
21. STATE ANY COMPLIC	ATIONS OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	.IVERY	• • • •	
I hereby certify the		T'S SIGNATURE	(Specify if M. I)., midwife, or ot	her)	23b. DATE SI	GNED
attended the birth of a child who was born d	ead	LEIWES	uly Mix	7		1-13.	-77
on the date stated al	bove 23c. ATTENDANT'S	DDRESS	If NOT 24. SIGNAT	TURE OF AUTHO	RIZED OFFICIAL	L	TITLE
at m		aho	physician				
25a. BURIAL, CREMA- LION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Burial		55 Canyon	<u> Hill / </u>	Cald	well, I	daho	
PATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	-/-	26. FUNERAL DIRECT	of CK	ham-Dad	sats Una	apel
January 22, 19	55 /1/M. La	ne Steep	1.71	Tak	ou_		
	1 //		Cal	dwell.	Idaho		_
/				-uncar	Trailo		



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PHS-797(VS) 4-48	E Q49 Revision of	Standard Certificat	e)	State File	
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE			RTH	Local Reg Reg. Dist.	_ / _
	ion of Vital Statistics State of				
1. PLACE OF STILLBIRTH a. COUNTY		2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)
Canyon		a. STATE Ide	aho	P. COUNTY	anyon
b. CITY (If outside corporate limits, OR	write RURAL and give township)	c. CiTY (If outside of	orporate limits, write	RURAL and give	township)
Town Nampa		Town Nai	npa		····
	Hospital	d. STREET ADDRESS	(If rural, give to	St. No	
3. CHILD'S NAME		<u> </u>	JII TUI	Dia NU	•
(Type or Print)	OBBY DEAN WELLS				
4. SEX 5a. THIS BIRT	TH .5b. IF T	WIN OR TRIPLET (This	hild born) 6. DA	E OF (Mont	th) (Day) (Year)
Heine single	TWIN TRIPLET 1ST	2ND	3RD SII	_{LLBIRTН} ` Janu	ary 21, 195
7. FATHER'S a.	. (First) b. (Midd	le)	c. (Last)		8. COLOR OR RACE
	RALPH LEE	,	WELLS		WHITE
9. AGE (At time of this birth) 10.	BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	LION	11b. KIND OF	BUSINESS OR INDUSTR
29 YEARS	<u>Nampa, Idaho</u>	Labor	er		
MAIDEN	. (First) b. (Midd	•	c. (Last)		13. COLOR OR RACE
NAME LOTT		YE	HAYES		white
7.0	BIRTHPLACE (State or foreign country)				Do NOT include this child
17 INFORMANT	Kansas	a. How many chil- dren are now living?	b. How many born alive but a	re now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
X Ralph L	41.080	1			pregnancy)?
18a. LENGTH OF PREG- 18b. WEI	IGHT AT BIRTH 19 Was a standard	serological test i	or syphilis p	erformed?	Yes No
3 /	BS. // OZS. Approximate dat	te			
CAUSE OF STILLBIRTH 20a	a. FETAL CAUSES				
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20th	Rove.				
Prematurity, Asphyxia, etc.)	b. MATERNAL CAUSES? our loops of cord abou	bufant ner	ele o te	vo loca	o mterlocked
21. STATE ANY COMPLICATIONS O	F PREGNANCY AND LABOR		ATIONS FOR DEL		
hone.			icep.	_	
	ATTENDANT'S SIGNATURE	(Specify) M. I	O., fyldwife, or oth	er)	23b. DATE SIGNED
attended the birth of this child who was born dead	Willows.				1/26/55
on the date stated above 23c	ATTÉNDANT'S ADDRESS	attended by	TURE OF AUTHO	RIZED OFFICIAL	L / TITLE
at m. Y	Jamos Jake.	physician		·	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 1/2	7,77		25d. LOCATION Nami		
DATE REC'D BY LOCAL REGISTR	AR'S SIGNATURE		6R		DRESS
Feb. 4 1953 M	in Jane Truck	July 1	Luce		lampa. Idak
		LEWIS EDM	UNDS MOI	RAUARY	
					



(1979 Revision of Mandard Certificate) CERTIFICATE OF STILLBIRTH

Sidie o	I Idano
1. PLACE OF STILLBIRTH DIVISION OF VITAL 349	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE T.d.o.b.o. b. COUNTY (1.d.o.
a. COUNTY Canyon	a. STATE Tdaho b. COUNTY Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR	c. CITY (If outside corporate limits, write RURAL and give township)
TÖÜN Nampa	or meridian,
c. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION WEREN HOSP	d. STREET (If rural, give location) ADDRESS
3. CHILD'S NAME	
((Type or Print) Joslin Ree	Cwnby
	WIN OR TRIPLET (This child born) 6, DATE OF (Month) (Day) (Year)
Female singles Twin Triplet I ist	x 2ND 3RD STILLBIRTH Jan 29 1955
7. FATHER'S 3. (First) b. (Mide NAME	ile) c. (Last) 8. COLOR OR RACE
Elmer Dale	Cwnby White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
19 YEARS Nampa Tdaho	Dairy Employee
12. MOTHER'S a. (First) b. (Mide MAIDEN	die) c. (Last) 13. COLOR OR RACE
NAME delen Jane	Sedlacek White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
19 YEARS Nampa Tdago	a. How many children were dren are now living? b. How many children were c. How many OTHER children were stillborn (born dead after 20 weeks
Dale Gunby	prognancy)?
18a, LENGTH OF PREGNANCY 30 WEEKS A LBS. OZS Approximate da	serological test for syphilis performed? Yes
20a FETAL CAUSES	June 1934
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT	
causing fetal death (do NOT use such terms as Stillbirth, Premsturity, Asphyxia, etc.)	
1. Tafemia Pregnancy	2- Retraplacental Nemmarilez, central
21. STATE ANY COMPLICATIONS OF BREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
Talemia of prignancy	
I Kereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. D., midwife, or other) 23b. DATE SIGNED
child who was born dead	1 If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
on the date stated above 23c. ATTENDANT'S ADDRESS at	If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TON, REMOVAL (Roccity) / - 31 - 55	Y OR CREMATORY 25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
Hele 12 REG. Market Market	Ban Holison Weridian Idaho
Jan. 19 1 Journ & Marie	met tutan, and
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PHS-797(VS)	V 🕞 🚺 (1949 Revision	of Standard Certificat	s) State Fil	
PUBLIC HEALTH SERVICE DIVISION OF VILLE 1. PLACE OF STILLBIRTH	USE CERTIFICAT	E OF STILLBIF of Idaho	RTH Local Reg. Dist	
1. PLACE OF STILLBIRTH	Statistics	2 HOUAL DECIP	ENCE OF MOTHER (Who	
a. COUNTY Cassia		a. STATE da		Cassia
b. CITY (If outside corporate limits, write Rt OR TOWN Bur e v	JRAL and give township)	∥ OR _	Proporate limits, write RURAL and give	ye township)
c. FULL NAME OF (If not in hospital or ins		<u> </u>		
HOSPITAL OR INSTITUTION Cottage		ADDDECC	(If rural, give location)	
3. CHILD'S NAME ((Type or Print) Baby	Ridi na			
4. SEX 5a. THIS BIRTH		IF TWIN OR TRIPLET (This	hild born) 6. DATE OF (Mor	
Gemale SINGLE X TW	IN TRIPLET 15	ST 2ND	3RD 📗	lan. 1, 1955
7. FATHER'S a. (First)	b. (1	Middle)	c. (Last)	8. COLOR OR RACE
Myr1	F.	R	iding	White
9. AGE (At time of this birth) 10. BIRTH	PLACE (State or foreign country)	11a. USUAL OCCUPAT	TON 11b. KIND O	F BUSINESS OR INDUSTRY
31 YEARS St. G	Seorge, Utah	Truck Dri	ver Truck	ing
12. MOTHER'S a. (First) MAIDEN	b. (I	Middle)	c. (Last)	13. COLOR OR RACE
NAME Edna		М•	Jones	White
	PLACE (State or foreign country)		OUSLY BORN TO THIS MOTHER	(Do NOT include this child)
28 YEARS BYTC	n. Wyomina	a. How many children are now living?	b. How many children were born alive but are now dead?	
Mul J. R.	, `	O		pregnancy)?
18a, LENGTH OF PREG- 18b. WEIGHT AT	BHMH 19.W/ns a stands	and complement that	or syphilis performed?	V 1- N-
WEEKS LBS.	OZS. Approximate	date Car	1954	ies No
CAUSE OF STILLBIRTH 20a. FETAL	L CAUSES			
State only morbid conditions	44, mo.	Drawal.	wite,	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	RNAL CAUSES	Rand	wite,	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREG	endeterne	22. STATE ALL OPER	ATIONS FOR DELIVERY	
Prematurity, Aspnyxia, etc.)	endeterne	22. STATE ALL OPER	ATIONS FOR DELIVERY	
21. STATE ANY COMPLICATIONS OF PREG	endeterne	no	ATIONS FOR DELIVERY	23b. DATE SIGNED
21. STATE ANY COMPLICATIONS OF PREG I hereby certify that I 23a. ATT attended the birth of this	NANCY AND LABOR	no	<u> </u>	23b. DATE SIGNED
21. STATE ANY COMPLICATIONS OF PREG I hereby certify that I 23a. ATT attended the birth of this child who was born dead	NANCY AND LABOR	(Specify if M. 1	<u> </u>	1-6-50
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	NANCY AND LABOR ENDANT'S SIGNATURE NDANT'S ADDRESS	(Specify if M. 1 If NOT A. SIGNA attended by physician	O., midwife, or other) FURE OF AUTHORIZED OFFICE	1-6-50-
21. STATE ANY COMPLICATIONS OF PREG I hereby certify that I attended the birth of this child who was born dead on the date stated above at	ENDANT'S SIGNATURE NDANT'S ADDRESS 25c. NAME OF CEME	(Specify if M. 1 If NOT attended by physician TERY OR CREMATORY	O., midwife, or other) TURE OF AUTHORIZED OFFICE 25d. LOCATION (City, town, o	AL TITLE
21. STATE ANY COMPLICATIONS OF PREGATE ANY COMPLICATIONS OF PREGATE AND COMPLICATIONS OF PREGATE AND COMPLICATIONS OF PREGATE AND COMPLETE AND COMPL	NANCY AND LABOR EMDANT'S SIGNATURE NDANT'S ADDRESS 25c. NAME OF CEME Cottage	(Specify if M. 1 If NOT attended by physician TERY OR CREMATORY	D., midwife, or other) TURE OF AUTHORIZED OFFICE 25d. LOCATION (City, town, o	I /-6 - 5 0 TITLE recounty) (State)
I hereby certify that I 23a. ATT attended the birth of this child who was born dead on the date stated above at	NANCY AND LABOR EMDANT'S SIGNATURE NDANT'S ADDRESS 25c. NAME OF CEME Cottage	(Specify if M. 1 If NOT attended by physician TERY OR CREMATORY	D., midwife, or other) TURE OF AUTHORIZED OFFICE 25d. LOCATION (City, town, o	AL TITLE
21. STATE ANY COMPLICATIONS OF PREGATE ANY COMPLICATIONS OF PREGATE AND COMPLICATIONS OF PREGATE AND COMPLICATIONS OF PREGATE AND COMPLETE AND COMPL	NANCY AND LABOR EMDANT'S SIGNATURE NDANT'S ADDRESS 25c. NAME OF CEME Cottage	(Specify if M. 1 If NOT attended by physician TERY OR CREMATORY	D., midwife, or other) TURE OF AUTHORIZED OFFICE 25d. LOCATION (City, town, o	I /-6 - 50 TITLE recounty) (State)

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PHS-797(VS) FCEIVED (1949 Revision of Standard Certificate) State File No. FEDERAL SECURIT CERTIFICATE OF STILLBIRTH Local Reg. No..... PUBLIC HEALTH SERV Reg. Dist. No..... State of Idaho 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY b. COUNTY ELMORE a. STATE **TDAHO** ELMORE b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) TOWNMOUNTAIN HOME AIR FORCE BASE IDAHO TOWN MOUNTAIN HOME AIR FORCE BASE, IDAHO c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) HOSPITAL OR INSTITUTION USAF HOSPITAL ADDRESS PHA HOUSING 275 3. CHILD'S NAME (Type or Print) KAY SHARON BEECHER 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Dav) (Year) STILLBIRTH JAN 1955 18 TWIN X 2ND X TRIPLET SINGLE 7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE NAME BEECHER WILLARD CORUM CAU 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY USAF(NCO) USAF DEERING. N.D. YEARS 12. MOTHER'S a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE MAIDEN NAME MARIE HEPPNER CAU KATHERINE 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many chilb. How many children were c. How many OTHER YEARS dren are now living? born alive but are now dead? children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? FATHER NONE NONE JILLARD C 18a. LENGTH OF PREG-NANCY 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes...X.... No........ Approximate date LBS. 8 OZS. 22 AUG 54 WEEKS 20a. FETAL CAUSES BEONATAL CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) ANTEPARTUM NEOATAL ASPHYXIA 20b. MATERNAL CAUSES INTERTWINED TWIN CORDS WITH OCCLUSION OF BLOOD SUPPLY 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY NONE EXCEPT ABOVE ROUTINE 23a. ATTEMDANT'S SIGNATURE I hereby certify that I attended the birth of this (Specify if M. D., midwife, or other) 23b. DATE SIGNED 18 JAN 55 child who was born dead ADDRESS on the date stated above If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by

physician

26. FUNERAL DIRECTOR

Bey Mortuar

25d. LOCATION (City, town, or county)

Mountain Home. Idahe

ADDRESS

Mountain Home. Idaho

(State)

25c. NAME OF CEMETERY OR CREMATORY

Mountain View

IDAHO

Form DPH-48020

25a. BURIAL, CREMA-TION, REMOVAL (Specify)

PATE REC'D BY LOCAL

Burial

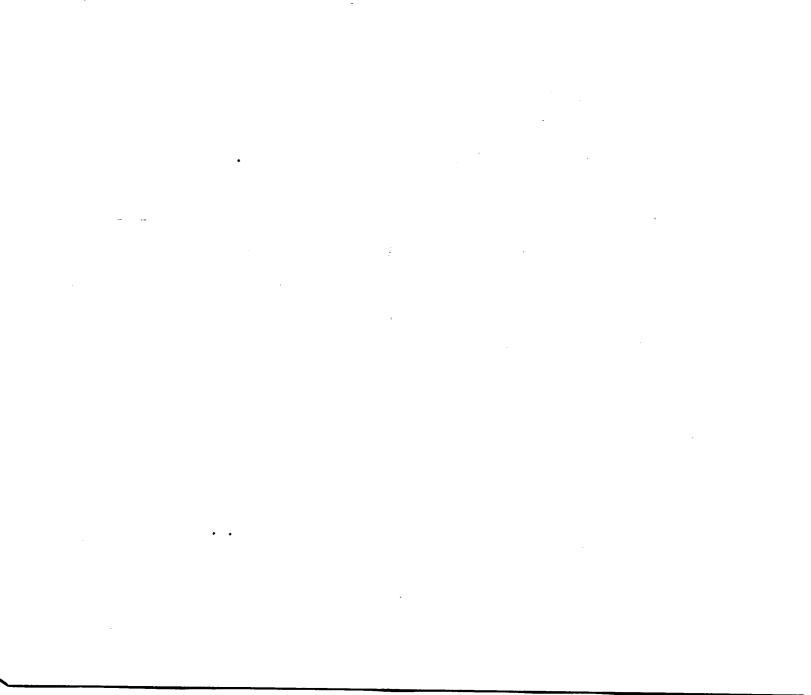
25b. DATE

REGISTRAR'S SIGNATURE

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t .	 . (

RECEIVED		f = m	0.17
	f Standard Certificat	e) State	File No
FEDERAL SECURITY FEBRY 9 1055 CERTIFICATE	OF STILLBI	RTH Local	Reg. No. 4
PUBLIC HEALTH SERVICE PUBLIC HEALTH SERVICE State State	of Idaho	Reg. D	ist. No. 646
1 PLACE OF STILL BIRTH	2. USUAL RESID	DENCE OF MOTHER	Where does mother live?)
a. COUNTY Jefferson	a. STATE Ida		
D. CITT (If outside corporate limits, write RURAL and give township)		orporate limits, write RURAL an	
TOWN Rigby	OK _	isville	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR	d. STREET ADDRESS	(If rural, give location)	
INSTITUTION Rigby Maternity Hospital	ADDRESS		
3. CHILD'S NAME ((Type or Print)			
Baby ERICK			
4. SEX 5a. THIS BIRTH 5b. IF	TWIN OR TRIPLET (This	I STILLBIRTU	Month) (Day) (Year)
SINGLE TWIN TRIPLET IST	2ND	3RD J	an. 17. 1955
7. FATHER'S a. (First) b. (Microsoft)	ldle)	c. (Last)	8. COLOR OR RACE
		ERICKSON	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPA	112111111	O OF BUSINESS OR INDUSTRY
34 YEARS St. Anthony, Idaho 12. MOTHER'S 8. (First) b. (Mi	Laborer		<u>struction</u>
MAIDEN	,	c. (Last)	13. COLOR OR RACE
NAME Dora Jea 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		Armstrong	White
		b. How many children w	ER (Do NOT include this child)
17. INFORMAND	a. How many children are now living?	born alive but are now dead	rere c. How many OTHER children were stillborn (born dead after 2° weeks
(Solut Hobershoon)	5	None	pregnancy)?
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standar	l serological test	None for syphilis performe	None
NANCY WEEKS LBS. OZS. Approximate d	ate	or syphins performe	d? Yes No
CAUSE OF STILLBIRTH 20a. FETAL CAUSES			
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	now		
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	Enown.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
macerated Jelin	h	bontaneor	s,
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M.)	o., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	of has Is	1. <i>Y</i> H,	12-1-52
on the date stated above 23c. ATTENDANT ADDRESS	If NOT 24. SIGNA	TURE OF AUTHORIZED OFF	ICIAL TITLE
at 1-17-35 F.m. Nagles Jako	physiofan		
25a. BURIAL, CREMA- TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMPTE	RY OR CREMATORY	25d. LOCATION (City, town	n, or county) (State)
Cremation 1/17/1955		Righy Jeffe	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT		gby, Idaho.
	The state of the s	- Carriery	

R!		-	 -	010
PHS-797(VS)	1 (1949 Revision of I	Standard Certificate) State File	e No.
FEDERAL SECURITY AGEN	CERTIFICATE (OF STILLBIR		g. No
PUBLIC HEALTH SERVICE DIVISION G	Vital Statistics State of		Reg. Dist	. No/20
1. PLACE OF STILLBIRT	ГН		ENCE OF MOTHER (Who	re doss mother live?)
a. COUNTY Koo tena	i	a. STATE Idal	D. COUNTY	Kootenai
b, CITY (If outside corporate lim	its, write RURAL and give township)	! OR	rporate limits, write RURAL and give	ve township)
	d'Alene	<u> </u>	st Falls	
HOSPITAL OR	cepital or institution, give street address or location)	d. STREET ADDRESS	(If rural, give location)	
	City Hospital		Rte. # 1	
3. CHILD'S NAME ((Type or Print)	John Edward H	Banka		
4. SEX 5a, THIS B		WIN OR TRIPLET (This of	hild born) 6. DATE OF (Mo.	nth) (Day) (Year)
Male single	X TWIN TRIPLET 15T	7 57	STILLBIRTH	-26-55
7. FATHER'S NAME	a. (First) b. (Midd	le)	c. (Last)	8. COLOR OR RACE
	Everett Willi		Banka	White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
26 YEARS	<u>Idaho</u>	Laborer		er Industry
12. MOTHER'S MAIDEN	a. (First) b. (Midd	•	c. (Last)	13, COLOR OR RACE
	Donna Marie		Lirchner DUSLY BORN TO THIS MOTHER	White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	a. How many chil-	b. How many children were	c. How many OTHER
23 YEARS	Nebraska	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks pregnancy)?
Enerall !	W. Banks	2	0	0
18a. LENGTH OF PREG- 18b.	WEIGHT AT BIRTH 19 Was a standard	serological test f	or syphilis performed?	Yes No
38 WEEKS	LBS. S OZS. Approximate da	te June	195-4	
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	U		
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,		 		
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	4	0-11 10-	. 0
AL OTHER AND COMPLICATION	S OF PREGNANCY AND LABOR	22. STATE ALL OPER	MINONS FOR DELIVERY	wa
ZI. STATE ANY COMPLICATION	S OF FREGRANCI AND LABOR	France Core	Constant	Section
7 Lunch consider that 7	23a. ATPÉNDANT'S SIGNATURE	(8 perty if M. 1	. midwife, or other)	23b. DATE SIGNED
I hereby certify that I attended the birth of this	Dump	and The	M.D.	1-27-55
child who was born dead on the date stated above	23c ATTENDANT'S ADDRESS		TURE OF AUTHORIZED OFFIC	
at m	Coem d'Aleur Idalo	attended by physician		
25a. BURIAL, CREMA- 25b.	DATE 25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, town,	or county) (State)
BURIAL 1-	29-55 FOREST CEM	TERY	Coeurd ALENE	, Idaho
	STRAR'S SIGNATURE	26. FUNERAL DIRECT		ADDRESS
1-29-55 KEG. 0	Arraine K. Drush	Gilbert Ya	tes Coeur d'A	lene, Idaho
	-	Hilbert	Yake	•
		/ 1000		
Form DPH-48020			(/	



RECLIVED PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY 1355 (1949 Revision of Standard Certificate) State File No. CERTIFICATE OF STILLBIRTH Local Reg. No... PUBLIC HEALTH DERVISED of Vital Statistics Reg. Dist. No. 63 State of Idaho 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY a. STATE b. COUNTY Madison Madison Idaho b. CiTY (If outside corporate limits, write RURAL and give township) c. City (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg TOWN Thornton c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET ADDRESS (If rural, give location) HOSPITAL OR INSTITUTION Rexburg Memorial Hosp. 3. CHILD'S NAME (Type or Print) BABY BUTLER 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Dav) (Year) SINGLE X Male TWIN L TRIPLET January 2ND 3RD 7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE NAME Harold Samuel Butler White 10. BIRTHPLACE (State or foreign country) 9. AGE (At time of this birth) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY Lvman. Idaho YEARS Electrician Construction 12. MOTHER'S MAIDEN NAME a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE Lola Marjorie Scott White 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? Annis Idaho c. How many OTHER YEARS children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? 2 18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes...X... No...... 8 ozs Approximate date August 23, 1954 2 LBS. WEEKS 20a. FETAL CAUSES CAUSE OF STILLBIRTH None State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES Eclampsia 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY Eclampsia None I hereby certify that I attended the birth of this 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED Jan. 9, 1955 child who was born dead 23c. ATTENDANT'S ADDRESS If NOT attended by on the date stated above 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE 9:20 A Remburg. Idaho physician 25a. BURIAL, CREMA-TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State) 18 Archer-Lyman Archer. Idaho Buria. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

26. FUNERAL DIREC

ADDRESS

Idaho

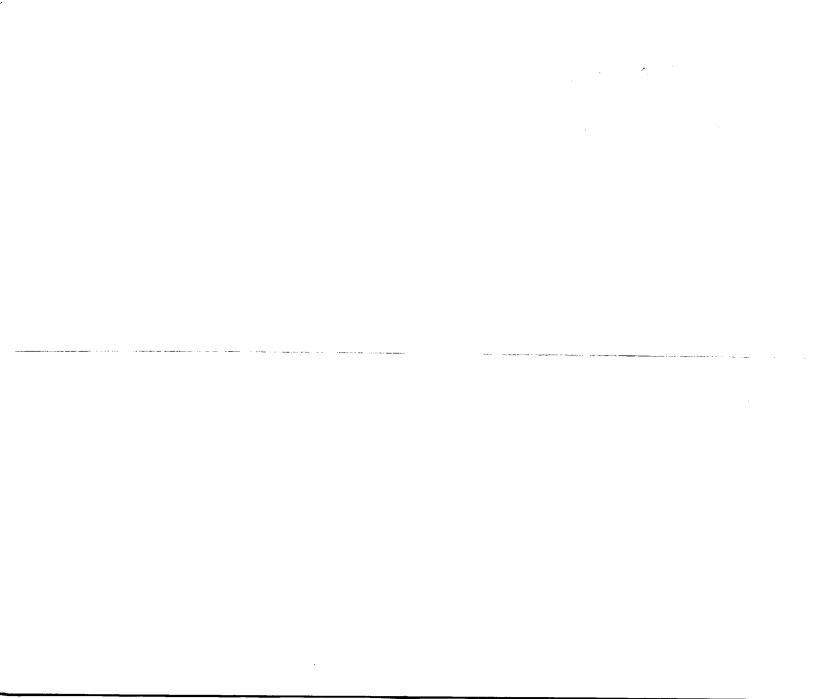
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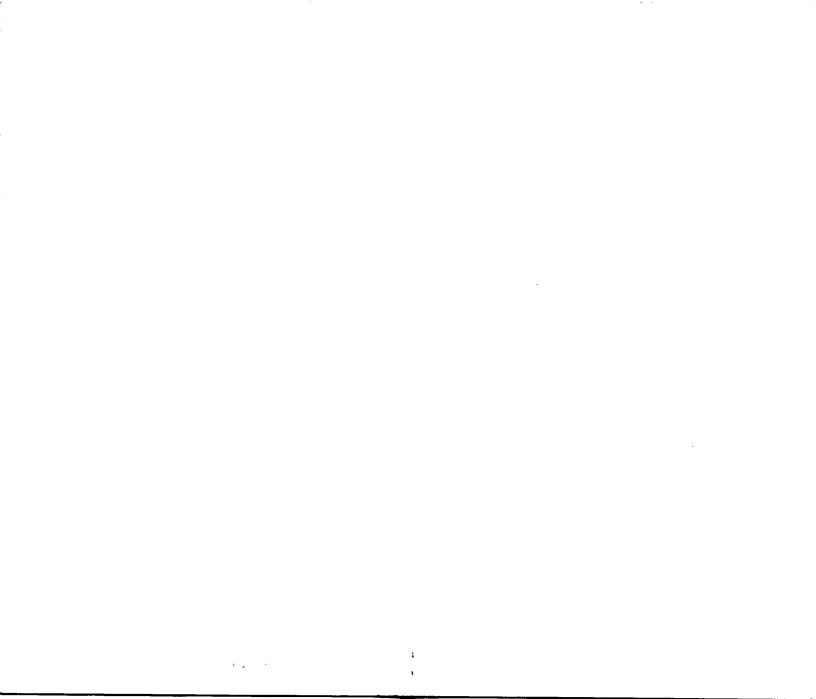
REC	CEIVED				· ~.		• · · ·
PHG707(VC)			Standard Certificate	•	State File		3.6
4-48 FEDERAL SECURITY CEP PUBLIC HEALTH SERVICE.	MC# CE	RTIFICATE		RTH	Local Reg		
PUBLIC HEALTH SERVICE. DIVISION	Ol Vital Stationics	State of	Idaho		Reg. Dist.	No. 2.2.0	
I. PLACE OF STILLBIR	₹TH		2. USUAL RESID	ENCE OF MC	THER (Where	does mother live?))
a. COUNTY Nez	Perce			laho	b. COUNTY	NezPer	
b. CiTY (If outside corporate li		township)	c. CITY (If outside of	orporate limits, write	RURAL and give	township)	
TOWN Lewist	on, Idaho		TOWN Lev	viston, Ida	aho.		
c. FULL NAME OF (If not in HOSPITAL OR St J	osephis Hospi	reet address or location)	d. STREET ADDRESS 62	of rural, give to the Line		ek Rd.	
3. CHILD'S NAME		4.7			3 010	<u> </u>	
(Type or Print)	Carmen Kay	Nurmi		_			
4. SEX 5a. THIS	BIRTH	5b. IF T	WIN OR TRIPLET (This	hild born) 6. DAT	TE OF (Mont	th) (Day)	(Year)
femal single	X TWIN	TRIPLET 1ST	2ND	3RD 311		n, 2, 19	55
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
	Ed			Nurmi		wh:	ite
9. AGE (At time of this birth)	10. BIRTHPLACE (State of	or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR I	NDUSTRY
35 YEARS	Hibbing	Minn.	Lumber L	abor			
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR	RACE
NAME	Mayme	Е.		Brown		white	
14. AGE (At time of this birth)	15. BIRTHPLACE (State of	or foreign country)	16. CHILDREN PREVIO		THIS MOTHER (this child)
40 YEARS	Ahsahka	Idaho	a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many children were	OTHER stillborn
Eddin V	La Land					(born dead after pregnancy)?	n 21 weeks
	WEIGHT AT BIRTH 19	Was a standard	complement took 4	on ambilia n	orfo-mod 9		<u> </u>
NANCY WEEKS	LBS. OZS.	Approximate dat	te.	or sypinus p	eriorined:	168	40
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	≥ 1	1:1-				
State only morbid conditions	<u> </u>	remete	Wild				
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	206. MATERNAL CAUSE	s)	11	7			
Tromutatoy, mophy and, every	Fremeta	re rupto.	icd mem i	oianes			
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND	LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
Tiolopsed	urd o		Nove)			
I hereby certify that I attended the birth of this	23a. ATTENDANT'S	SIGNATURE	Specify if M. I	., midwife, or oth	ier)	23b. DATE SIG	NED
child who was born dead	- TECOW	W B. YR	Many	m		1-5	53
on the date stated above	23c. ATTENDANT'S ADD	RESS	It/NOT 24. SIGNATE Shysician	TURE OF AUTHO	RIZED OFFICIAL		TITLE
25a BURIAL CREMA. 26h	DATE 250	NAME OF CEMETERY		25d. LOCATION	(City to	Acceptal)	(State)
25a. BURIAL, CREMA- TION, REMOVAL (Specify) burial Jan		1	Cemetery		con, Idah	-	(DIBLE)
DATE REC'D BY LOCAL REG	ISTRAR'S SIGNATURE	/ /	26. FUNERAL DIRECT			DRESS	
1-3-55-REG. (Ilan h	eaching	Andre	w H.Vas	sar		on,Idaho
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PHS-797(VS)	CLIVE	(1949 Revision of	Standard Certificat	e)	State File	010 No
FEDERAL SECURITY ACT	₩1 3.55	CERTIFICATE				. No
	n of Vital Stati	tics State of	i Idaho		Reg. Dist.	No220
a. COUNTY Nez Per	RTH		2. USUAL RESID	ENCE OF MO	THER (Where	Nez Perce
b. CITY (If outside corporate OR TOWN Lewiste		give township)	c. CITY (If outside of TOWN Let	orporate limits, write I	RURAL and give	township)
c. FULL NAME OF (If not in HOSPITAL OR St Jo INSTITUTION St Jo	seph Hospit	ive atreet address or location)	d. STREET ADDRESS 113	3 - 17th A		
3. CHILD'S NAME ((Type or Print)	BABY BOY	Y WELCH				
4. SEX 5a. THIS SINGLE		TRIPLET 1ST	WIN OR TRIPLET (This o	shild born) 6. DATE STILL	OF (Mont BIRTH Jan	
7. FATHER'S NAME	a. (First) Russell	b. (Midd Se	1.5	c. (Last) Welch		8. COLOR OR RACE White
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (S	tate or foreign country)	Carpenter	TION	House	BUSINESS OR INDUSTRY building
12. MOTHER'S MAIDEN NAME	a. (First) Trelva	b. (Midd Lou	lle)	c. (Last) Adams		13. COLOR OR RACE White
14. AGE (At time of this birth)		tate or foreign country)	16. CHILDREN PREVIO			Do NOT include this child)
17. INFORMANT	Ariz.	telch	a. How many children are now living?	b. How many cl born alive but are	now dead?	e. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREG- NANCY WEEKS	WEIGHT AT BIRTH LBS. OZS.	19 Was a standard Approximate da	serological test f	or syphilis pe	rformed?	-
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	20a. FETAL CAUSES	Mund	ia.			
Prematurity, Asphyxia, etc.)	20b. MATERNAL CA	Joken	ma-			
21. STATE ANY COMPLICATION	mmin	a for 9 Weeks	22. STATE ALL OPERA	ATIONS FOR DELIV	ERY	
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDAN	T'SIGNETURE	(Specity if M. I)., midwife, or other)	23b. DATE SIGNED
on the date stated above at m.	23c. APTENDANT'S	m Sha	physician	TURE OF AUTHORI	ZED OFFICIAL	TITLE
Burial Jar	DATE 1. 10. 1955	25c. NAME OF CEMETERY Normal Hill	1	25d. LOCATION (C Lewiston		ounty) (State)
DATE REC'D BY LOCAL REG	STRAR'S SIGNATURE		26. FUNERAC DIRECTO		<u></u>	RESS Lewiston, Idaho
	7/		//	, , , , , , , , , , , , , , , , , , , ,		



PHS-797(VS) 4-48 FEDERAL SECURITY ROT PUBLIC HEALTH SERVICE	EBCY 3 1955 CERTIFICATE	f Standard Certificat OF STILLBIF of Idaho	RTH Local R	ile No. (121) leg. No. (21) st. No. (220)
1. PLACE OF STILLBI	RTH	2. USUAL RESID	DENCE OF MOTHER (W	here does mother live?)
a. COUNTY Nez	Perce	a. STATE Idah		
TOWN Lewis		c. CITY (If outside o	orporate limits, write RURAL and o	
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION St.	n hospital or institution, give street address or location) Loseph	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME		" Gel	n Del	
(Type or Print)	aby Falling			
4. SEX 5a. THIS	BIŘTH .5b. IF	TWIN OR TRIPLET (This	child born) 6. DATE OF (M	(Onth) (Day) (Year)
F SINGLE	TRIPLET 1ST	2ND	- STILLBIRTH	an. 24 1955
7. FATHER'S NAME	a. (First) b. (Mid	•	c. (Last)	8. COLOR OR RACE
	Leroy	Fa	alling	W
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TION 11b. KIND	OF BUSINESS OR INDUSTRY
29 YEARS		Teacher		
12. MOTHER'S MAIDEN	a. (First) b. (Mid	ldle)	c. (Last)	13. COLOR OR RACE
	<u>Lucille F</u>		Lennex	W
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)		OUSLY BORN TO THIS MOTHE	R (Do NOT include this child)
28 YEARS	Ohio	a. How many children are now living?	b. How many children we born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
X Leroy 8	halling	One	none	pregnancy)?
18a, LENGTH OF PACE- 18th WANCY WEEKS	LBS. Of Approximate de	serological test i	for syphilis performed	? YesNo
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Congers 20b. MATERNAL CAUSES	ital an	omaly m	mingocoele)
21. STATE ANY COMPLICATION	DNS OF PREGNANCY AND LABOR		ATIONS FOR DELIVERY	·
I hereby certify that I attended the birth of this child who was born dead on the date stated above at \$5.50 p.m.	Koumond To	m stor	O., midwife, or other) (A) 700 D TURE OF AUTHORIZED OFFICE	23b. DAYE SIGNED
TION, REMOVAL (Specify)	D. DATE 25c. NAME OF CEMETER		25d. LOCATION (City, town,	
Burial	Jan. 25, 1955 Spaldin	- p	Spalding	Idaho
1-28-55 EEG.	STRAR'S SIGNATURE	26. FUNERAL DIRECT		ADDRESS
	- Hayever	······································	~ Drower-wann	Lewiston, Idaho
		- Dr. R M	STATE	



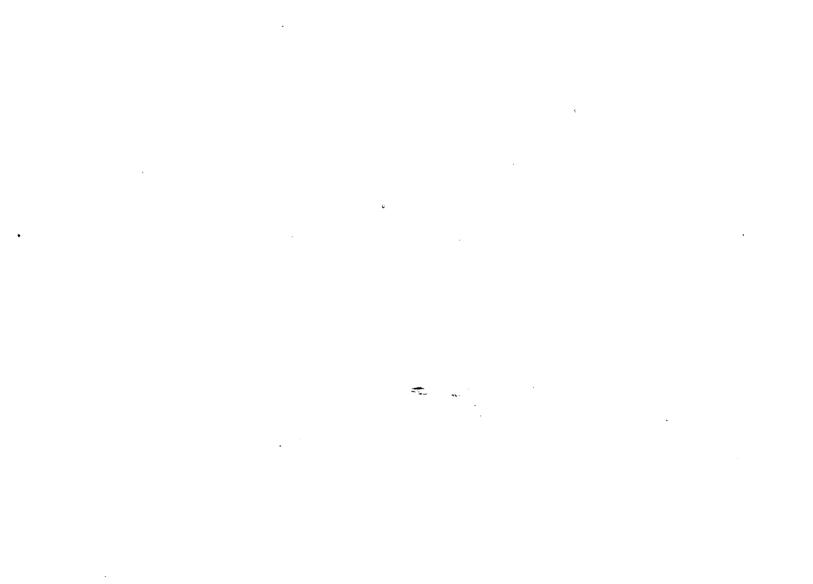
0. Mawrech ;	RECEIVE	ED				0.0
			Standard Certificate	e)	State File	• •
FEDERAL SECURITY A PUBLIC HEALTH SERVICE	IGENDAN A U IJD	ERTIFICATE	OF STILLBIF	PTF		. No
I	Division of Vital Sta	atistics State of	Idaho		Reg. Dist.	No460
I. PLACE OF STILL			2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)
a. COUNTY	Twin Falls		a. STATE Idal	10	b. COUNTY T	win Falls
OR	ate limite, write RURAL and	give township)	C. CITY (If outside co			township)
TOWN	Twin Falls		TOWN TW	in Falls		
c. FULL NAME OF (II ad HOSPITAL OR Mag	ot in hospital or institution, sigic Valley I	Memo. Hosp.	d. STREET ADDRESS 55	7 Washin	gton S	treet
3. CHILD'S NAME ((Type or Print)	- Ti					
		ard Dillon				
	HIS BIRTH		WIN OR TRIPLET (Thise	T TSTU	EOF (Mont	th) (Day) (Year) 4. 1955
7. FATHER'S	a. (First)	TRIPLET 1ST b. (Midd		c. (Last)	ual y &	8. COLOR OR RACE
NAME	Samuel	C.	•	Dillo	າກ	White
9. AGE (At time of this birth		tate or foreign country)	11a. USUAL OCCUPAT			BUSINESS OR INDUSTRY
YEA	ARS Oklahom		Truck Di	riger	Coal	•
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR RACE
NAME	Edith			Blunt		White
14. AGE (At time of this birth		tate or foreign country)				(Do NOT include this child)
	ARS Idaho		a. How many chil- dren are now living?	b. How many born alive but ar	children were e now dead?	c. How many OTHER children were stillborn
17. INFORMANT	. 11		4	1		(born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREG- I	18b. WEIGHT AT BIRTH	1 10		 		
NANCY WEEKS	LBS. OZS.	19 Was a standard Approximate da		or syphilis p	erformed?	Yes No
CAUSE OF STILLBIRT						
State only morbid conditi causing fetal death (do Nuse such terms as Stillbir	ons OT Try	Uno blasto	Sus to a	talis		
use such terms as Stillbir Prematurity, Asphyxia, etc	rth, 20b. MATERNAL (NUSES				
21. STATE ANY COMPLICA	TIONS OF PREGNANCY	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	VERY	
		•				
I hereby certify that	· · · · · · · · · · · · · · · · · · ·	IT'S SIGNATURE	(Specify if M. I	., midwife, of oth	er)	23b. DATE SIGNED
attended the birth of ti child who was born de		h w. Mai	shall.	M . V)		1-26-55
on the date stated abo		ADDRESS	If NOT 24. SIGNAT	TURE OF AUTHOR	RIZED OFFICIA	l, Title
at2_pm.	Twin Fal	u samo	physician			
TION, REMOVAL (Repedity)	25b. DATE	25c. NAME OF CEMETER		25d. LOCATION		
Burial D	L-25-1955	Twin Falls		/	n Fall	s, Idaho
REG.	REGISTRAR'S SIGNATUR	1 Dela	26. FUNERAL DIRECT	00 1 m		
yan, 26, 14551	Jenora U.	volman, - The	S Ju	1	rin Fal	ls. Idaho

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PHS-797(VS)			(1919 Revi	sion of	Standard Certific	cate)	State File	No	1 022
4-48 FEDERAL SECUR	RITY AGE	NCY P		•	•	•		. No4	3
PUBLIC HEALTH SE	ŖVICE	REGI	TVE	boto of	OF STILLB Idaho	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Reg. Dist.	No. 37	0
		FFD		idie oi					
1. PLACE OF S a. COUNTY	TILLBIR	RTH LDZ	1 355		2. USUAL RES	IDENCE OF M		does mother live	7)
a. coomi	Ada	Division of	Vital Sintistic		a. STATE	I daho	b. COUNTY	Ada	
b. CITY (If outside	e corporate li	mits, write RURAL and	give township)	4	c. CITY (If outsid	le corporate limits, writ	e RURAL and give	township)	
TŎŴN	Boise				OR TOWN	Boise			
c. FULL NAME O HOSPITAL OR	F (If not in	hospital or institution, gi	ve street address or le	ocation)	d. STREET	(If rural, give i	ocation)		
INSTITUTION	St.	Alphonsus H	omital		ADDRÉSS	7770 Warm	a		
3. CHILD'S NA		<u> </u>	VOLUL VOLL		<u></u>	THU WARM	Springs		
((Type or Print		BABY	GIRL	DAVE					
4. SEX	5a. THIS		_	,5b. IF T	WIN OR TRIPLET (T	his child born) 6. DA	TE OF (Mon	th) (Day)	(Year)
ReMale	SINGLE	TWIN	TRIPLET	1ST _	2ND	3RD .	February	76,	1955
7. FATHER'S NAME	-	a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
		Jac k		J.		Daveiro	Jr.	White	
9. AGE (At time of the	his birth)	10. BIRTHPLACE (S	tate or foreign countr	y)	11a. USUAL OCCU			BUSINESS OR	
26	_ YEARS	Sebastopo	l, Califo	rnia	U.S.A.	E			
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)	c. (Last)		13. COLOR O	RRACE
NAME		Geraldine		Ann		0 'Leary		White	
14. AGE (At time of the	is birth)	15. BIRTHPLACE (8	tate or foreign counts	·y)	16. CHILDREN PRE	EVIOUSLY BORN TO	THIS MOTHER (Do NOT includ	ie this child)
2)1 17. INFORMANT	YEARS	Sacramen	to, Calif	ornia	a. How many ch dren are now livin	il- b. How many g? born alive but	children were are now dead?	c. How many children were	OTHER stillborn
x Cack	0. 11	eneiro	1		None	No	one	(born dead aft pregnancy)?	er 20 weeks
18a. ANGTH OF P	EG- 18b.	WEIGHT AT BIRTH	19 Wag a etc	brober	serological tes	t for ambilia	oorformed 9	Voc 1	NTA .
2.3 WEEKS		LBS. OZS.	Approxim	ate da	ie.	t for syprims	periorineu :	Yes.	140,
	<u></u>	20a. FETAL CAUSES			1 /1.	7 /			
CAUSE OF STILI		1	nance	s hi	aller I	Sel all			
causing fetal death	(do NOT	20b. MATERNAL CA	IISES /	proving the same of the same o		Jano		 	
Prematurity, Asphy	xia, etc.)	2001 1111111111111111111111111111111111	.0025						
21. STATE ANY CON	APLICATION	NS OF PREGNANCY	AND LABOR		22. STATE ALL OP	ERATIONS FOR DE	LIVERY		
				1					
I hereby certif	u that I	23a. 41 T PHEN AN	IT'S SIGNAT	JRE	(Specify # N	d. D., midwife, or of	her)	23b. DATE SIG	SNED
attended the birth	h of this	Mus	4 D	ush	nun Sug	n/ 200	α	2-11	-55
child who was bo on the date state		23c. ATTENDANT'S	ADDRESS /	1	If NOT 24. SIG	NATURE OF AUTHO	DRIZED OFFICIA		TITLE
at	m.	Baise	Halak	Ko	attended by physician				
25a. BURIAL, CREI		DATE	25c. NAME OF C	EMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
TION, REMOVAL (Spe		1 Feb 1955	1		is Hospatta			ah o	•
DATE REC'D BY LO	· · · · · · · · · · · · · · · · · · ·	ISTRAR'S SIGNATUR		,10119		ECTOR.		DRESS	
	REG.	m .+0	$-\mu_{0}$		LO. PULLANIAL DINI	-11/11-	_	N. Latah	
<u>4-//-55</u>		rupuce	laim	11	rudse	MILL	7		1
		V			RELYEA MO	ORTUARY	/ Boise	e, Idaho	
									

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PHS-797(VS)	.	(1949 Revision of	Standard Certificate		State File	No.	5. 9.44 .
FEDERAL SECURITY		CERTIFICATE State of		RTH		No. 60 No. 370	
	ion of Vital Statistic	cs State of					
a. COUNTY A			2. USUAL RESID a. STATE I	ence of Mo laho	THER (Where b. COUNTY	does mother live?) Ada	
b. CITY (If outside corpo OR TOWN BO	rate limits, write RURAL and s	rive township)	c. CITY (If outside co	rporate limite, write	RURAL and give	township)	
c. FULL NAME OF (If a	to Alphonsus		d. STREET ADDRESS	(If rural, give to	ostion) 18 Stre	et	
3. CHILD'S NAME ((Type or Print)	BABY GIRI	, PORTER					
	THIS BIRTH	5b. IF T	WIN OR TRIPLET (This c	C STII	TE OF (Mont		
	IGLE TWIN K	TRIPLET L IST L		3RD ☐ I	ren	<u> </u>	<u>2_</u>
7. FATHER'S NAME	a. (First)	b. (Midd E •	ше)	c. (Last) Porter		8. COLOR OR RACE White	
	Evard				1		
9. AGE (At time of this birt			11a. USUAL OCCUPAT		ļ	BUSINESS OR INDUS	
	ars Marsir		Leather V		Plone	er Tent &	
12. MOTHER'S MAIDEN NAME	a. (First) Willa	ь. (Mide F ¹ ез		c. (Last) Gates		13. COLOR OR RACE White	<u>.</u>
14. AGE (At time of this birt	b) 15. BIRTHPLACE (8	tate or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (Do NOT include this c	hild)
၁).	ARS Oklaho	ma	a. How many children are now living?	b. How many born alive but a	children were re now dead?	c. How many OTH children were still (born dead after 20 we	orn
SAMANI SAMANI	12 orter		4	none	•	pregnancy)?	
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard	serological test i	or syphilis p	erformed?	Yes .v. No	
WEEKS	LBS. OZS	Approximate da	ite cel 1	904			
CAUSE OF STILLBIR	TH 20a. FETAL CAUSES	· All	Natural	Care	eer		
State only morbid conditions fetal death (do Nuse such terms as Stillb Prematurity, Asphyxia, et	irth, 20b, MATERNAL CA	iuses	I ho all	naue	1 Car	ine of il	rath
21. STATE ANY COMPLIC	ATIONS OF PREGNANCY	UND LABOR	22. STATE ALL OPER	ATIONS FOR DEL			`
	me /2	1	6 peace	tome	1	· ·	
I hereby certify the	at I 23a. AFTENDAN	IT'S SIGNATURE	V(Specify if M.)	O,, midwife, or of	(12 m	23b. DATE SIGNED	2/
child who was born don the date stated a	bove 23c. ATHENDANT'S	ADDRESS	If NOT 24. SIGNA attended by	TURE OF AUTHO	RIZED OFFICIA	L TITL	
at m	. Dais	e Ida	physician				
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	2/20/55	25c. NAME OF CEMETER Knowlton		25d. LOCATION Marsi		county) (Sta aho	te)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATUR	EQ.	26 FUNERAL DIRECT	Den	mult	odes	— ho
3-14-55	Mapthe	1 almer	SUMMERS	FUNERAL	HOME D	oise, Ida	110
	"		V				



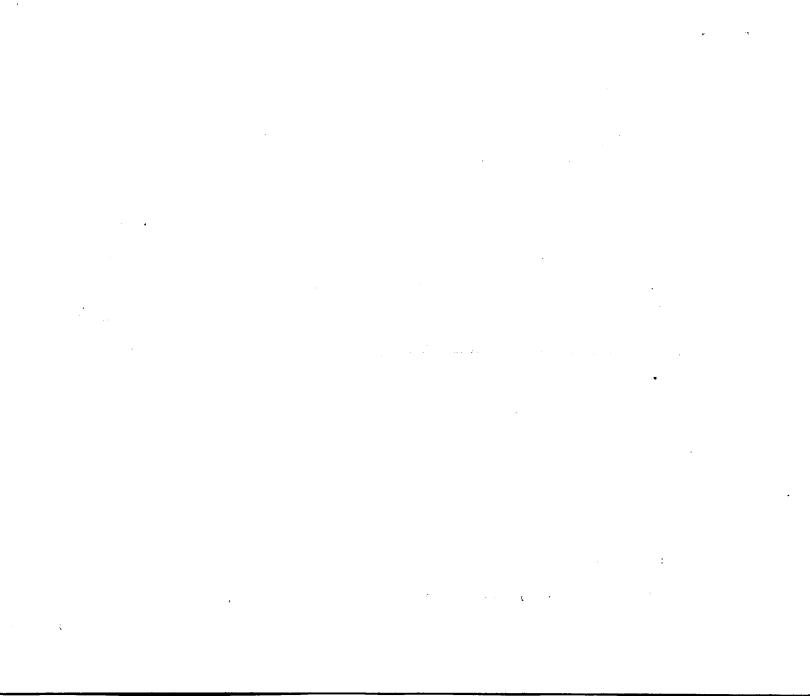
	R					· · ·	•	000
PHS-797(VS)	· · ·	13 86	(1949 Revision o	f Standard Certificat	e)	State File	No	· ^- '\[\]
FEDERAL SE	ECURITIVE	GENCY	CERTIFICATE	OF STILLBI	RTH	Local Reg	. No55	
. OBLIC HEAL	Division	of Vitai statist	ics State of	of Idaho		Reg. Dist.	No.370	****************
1. PLACE (BIRTH		2. USUAL RESID	ENCE OF	MOTHER (When	e does mother live?)
a. COUNTY	′	l da		a. STATE I da		b. COUNTY	Ada	,
b. CITY (II		te limits, write RURAL	and give township)			write RURAL and give		·
OR TOWN	Ъ	nise		_OR	ise		,	
c. FULL NA	ME OF (If no		a, give street address or location)	d. STREET		rive location)		
HOSPITA INSTITU	L OK	t. Luke's H		ADDRESS 218		th		
3. CHILD'S			V 0 0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		<u> </u>	<u> </u>		
[(Type 07	Print)	Infant '	boy Boss					
4. SEX	5a. Th	IS BIRTH		TWIN OR TRIPLET (This	child born) 6	. DATE OF (Mon	th) (Day)	(Year)
M	SING	LE X TWIN	TRIPLET IST		3RD	STILLBIRTH 2/	19	5
7. FATHER	₹'\$	a. (First)	b. (Mic		c. (La	st)	8. COLOR OR	RACE
NAME	<u>.</u>	David	Joh	n	Bos	•	tat	··· ·
9. AGE (At tin	ne of this birth)		(State or foreign country)	11a. USUAL OCCUPA			BUSINESS OR	INDUSTRY
35	YEA	1		Salesman			derson S	
12. MOTHE	R'S	a. (First)	b. (Mie		c. (La		13. COLOR OR	
MAIDE NAME	EN E	Juanita	Mav	,	Cowge	=	W W	
14. AGE (At tim			(State or foreign country)	16. CHILDREN PREVI	<u>_</u>		!	this child)
24		RS Minnesot	- · · · · · · · · · · · · · · · · · · ·	a. How many chil- dren are now living?		any children were but are now dead?	c. How many	OTHER
17. INFORM				dren are now living?	born alive l	but are now dead?	children were (born dead afte	stillborn
Davi	d J. Bo	188		hone	n	one.	pregnancy)?	_
18a. LENGTH	OF PREG- 1	8b. WEIGHT AT BIRT	H 19 Was a standar	d complement test	for ormital	ia norfo		
	NANCY	2 LBS. OZ	was a standard	i serological test	or sypnii	is periormed?	ies	NO
		20. FETAL CALE	25.	<u> </u>	11,1955			
CAUSE OF a	erbid condition	ns .	Prematui	rity, Premat	ture Ru	pruve of M	lembranes	Prolapse a
State only mo causing fetal d use such term Prematurity, A	leath (do NC 18 as Stillbir	T 20b. MATERNAL	CAUSES A.			<u>'</u>	<u>-</u>	
Prematurity, A	Asphyxia, etc.)	None K	howh.				
21. STATE ANY	Y COMPLICAT	IONS OF PREGNANC	Y AND LABOR	22. STATE ALL OPER	ATIONS FOR	DELIVERY		
Pren	nature	Labor.		Bree	ich E	xtraction		
I hereby o	certify that	I 23a. ATTEND	ANT'S SIGNATURE	(Specify if M. 1			23b. DATE SIG	NED
attended the	birth of th	is (James C.7-1	Charman	mal-	-	Fet 2	3,1555.
child who w on the date			S ADDRESS	INOT 24. SIGNA	TURE OF AU	THORIZED OFFICIA		TITLE
at	m.	209 Ma	in Borse .	attended by physician				
25a. BURIAL, TION, REMOVA	CREMA- 2	5b. DATE		RY OR CREMATORY	25d. LOCAT	ION (City, town, or	county)	(State)
HON, REMOVA	ation	2-23-55	3t. Luke'	s Hosp.	Во	isè, Idah	10	-
DATE REC'D B	Y LOCAL F	REGISTRAR'S SIGNAT	URE _	26. FUNERAL DIRECT	OR	AD	DRESS	
2-24-	55 REG.	Mitte	Palmer	St Tule		os p. Boi		aho
		ingune		الماليا وياد	5 5 110 h	<u>∪S U. DU.</u> ∧	- 	, +
		· · · · · · · · · · · · · · · · · · ·		By E	na M	ayon. U	eel.la	<u>iminit</u> ob
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PHS-797(VS) 4-48		(1949 Revision of	Standard Certificat	e)	State File		€
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE		ERTIFICATE	OF STILLBIF	RTH	Local Reg	. No	<u></u>
	RE	CEI KILLIO	Idaho		Reg. Dist.	No. 5/	<i>D</i>
1. PLACE OF STILLBII	ятн М	AR 1 9 1955	2. USUAL RESID	ENCE OF M	OTHER (Where	does mother liv	at)
a. COUNTY Pannocl	r		a. STATE Idaho	o	b. COUNTY E	annock	
b. CITY (If outside corporate I	limits, write RURAL and give	re township)	c. CITY (If outside or	orporate limits, writ			
TOWN POCATO			TOWN Pocat	tello			
c. FULL NAME OF (If not in HOSPITAL OR_	hospital or institution, give	atreet address or location)	d. STREET ADDRESS	(If rural, give l			
HOSPITAL OR INSTITUTION Banno	ok Memorial E	[ospital	454	Pershin	g		:
3. CHILD'S NAME ((Type or Print)	ROBE	ERT LISH					
4. SEX 5a. THIS							
male Single			WIN OR TRIPLET (This o	r ∣ ST	TE OF (Moni	h) (Day) uary 13	(Year) 1955
7. FATHER'S	a. (First)	TRIPLET 1ST b. (Midd		c. (Last)	Jai	8. COLOR OF	
NAME	Duval	Lyn	•	Lis.	h	white	* RACE
9. AGE (At time of this birth)	10. BIRTHPLACE (State		11a. USUAL OCCUPAT		11b. KIND OF		INDUCTOR
22 YEARS	Pocatello, I		Carman				ailroad Co
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR O	
NAME	Patricia	L	99	Guin	n	white	
14. AGE (At time of this birth)	15. BIRTHPLACE (State	or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (Do NOT inclu	de this child)
	Pocatello, I	daho	a. How many children are now living?	b. How many born alive but a	children were	c. How man children wer	y OTHER
17. INFORMANT					LO LOW GOOD,	(born dead aft pregnancy)?	ter 20 weeks
Patricia Lee I		other	None	None		None	
NANCY		⁹ Was a standard	serological test f	or syphilis r	erformed?	Yes X	No
30 WEEKS 4	LBS.] OZS. 20a, FETAL CAUSES	Approximate dat	<u> </u>				
CAUSE OF STILLBIRTH State only morbid conditions	Anoxemia						
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUS						-
Prematurity, Asphyxia, etc.)	and and and a						
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND	LABOR	22. STATE ALL OPERA	TIONS FOR DEL	.IVERY	,	
Partial placen	ta privia		Caesarian s	ection			
I hereby certify that I	23a. ATTENDANT	S SIGNATUAE	(Specify if M. D	o., midwife, or oti	ner)	23b. DATE SIG	SNED
attended the birth of this child who was born dead	KANU	mell	M.	D.		3-16-	.55
on the date stated above	23c. ATTENDANT'S AD		If NOT 24. SIGNAT	TURE OF AUTHO	RIZED OFFICIAL		TITLE
at6:37 P. m.		daho	physician				
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	PATE 2	Macutain	OR CREMATORY	250 LOCATION	City, town, or Bann	county)	(Sale)
B-/6-55 BES	ISTRAR'S SIGNATURE		26. FUNERAL DIRECTO	OR MA	AD	ORESS	12 the s
			- mary	· · · · · · · ·	X	Paras	illa flat.

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RECEIVED			020
	of Standard Certificat		le No
PUBLIC HEALTH SERVICE	E OF STILLBII	RTH Local Re	g. No
Division of Vital Statistics State	of Idaho	Reg. Dis	t. No511
1. PLACE OF STILLBIRTH a. COUNTY	2. USUAL RESID	ENCE OF MOTHER (Wh	ere does mother live?)
<u>Bannock</u>	a. STATE Ida.	no b. COUNTY	Bannock
b. CiTY (If outside corporate limits, write RURAL and give township) OR	c. CITY (if outside o	orporate limits, write RURAL and g	ive township)
or TOWN Pocatello	TOWN For	rt Hall	
c. FULL NAME OF (If not in hospital or institution, give street address or location HOSPITAL OR St. Anthony Mercy Hospital)) ADDDECC	(If rural, give location) BOX 319	
3. CHILD'S NAME ((Type or Print) Baby Girl Cerino			
4. SEX 5a. THIS BIRTH 5b.	IF TWIN OR TRIPLET (This	child born) 6. DATE OF (Mc	onth) (Day) (Year)
female single X TWIN TRIPLET 1S			. 7, 1955
NAME	(iddle)	c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	1.11 1.121.11 0.001.11	Cerino	Indian
27 27	Farmer & S		OF BUSINESS OR INDUSTRY
	liddle)		
MAIDEN NAME Esther Judi	,	c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		Madcewlyu OUSLY BORN TO THIS MOTHER	Indian
40 YEARS Fort Hall. Idaho	a. How many chil-		
17. INFORMANT	dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
Mrs. Colombo Cerino MOTHER	8	2	pregnancy)?
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Targe a standa		for syphilis performed?	
NANCY 7 LBS. 8 OZS. Approximate	date // Tar		Yes No
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	76 7-20	() ()	
State only morbid conditions			·
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	,		2 2
Prematurity, Asphysia, etc.) Toruma - Mathin 16/12 12 12 166	Ciapte.	Mind a	que Eddour
21. STATE ANY COMPLICATIONS OF PREGNANCY, AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
The relativitie torganice			
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M.)	O., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	clawa	ind'	2 mar 5)
on the date stated above 23c, ATTENDANT'S ADDRESS	If NOT 24. SIGNA	TURE OF AUTHORIZED OFFICE	AL TITLE
at8:12 P.m. Kentille dec	physician		
TION REMOVAL (9it-)	ERY OR CREMATORY	25d. LOCATION (City, town, o	
		Ft. Hall	Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3-14-55 BEG. HAND WILLIAM TO THE PROPERTY OF THE PR	26. FUNERAL DIRECT		DORESS Ta
5-14.55 pva m. Wallen	pomara ru	meral Home	Pocatello, Id
,	DUIX	roll	



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PHS-797(VS) 4-48		(1949 Revision of	Standard Certificat	e)	State File	No
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	INCY	CERTIFICATE		RTH	Local Reg	. No. 20
	REC	CEIVED	Idaho		Reg. Dist.	No6/D
1. PLACE OF STILLBIR	F 1-	B 24 (355	2. USUAL RESID	ENCE OF MO	OTHER (Where	e does mother live?)
a. COUNTY Bonne	ville ^{r E}	B 2% (355	a. STATE Idal		b. COUNTY	Jefferson
b. CiTY (If outside corporate I		Col distab Statistics	c. CITY (If outside co		RURAL and give	s township)
TOWN Idaho				irie		
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION L.	hospital or institution, gi		d. STREET ADDRESS	(If rural, give lo	ocation)	
3. CHILD'S NAME ((Type or Print)	BABY S	SUMMERS				
4. SEX 5a. THIS	BIRTH	.5b. IF T	WIN OR TRIPLET (This	hild born) 6. DA	TE OF (Mon	th) (Day) (Year)
Male single		TRIPLET 1ST	2ND	3RD F	ubirth ebruary	
7. FATHER'S NAME	a. (First)	b. (Midd		c. (Last)		8. COLOR OR RACE
	Donald	Keverer	1	Summers		White
9. AGE (At time of this birth) 23 YEARS	Disk	tate or foreign country) , Idaho	Mechanic	TION		BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) Marlene	b. (Midd	•	c. (Last) Morgan		13. COLOR OR RACE White
14. AGE (At time of this birth)	15. BIRTHPLACE (8	tate or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER ((Do NOT include this child)
22/) YEARS	Ririe	Idaho	a. How many chil- dren are now living?	b. How many born alive but a		c. How many OTHER children were stillborn (born dead after 20 weeks
17. INFORMANT	14		_		TO HOW GOAG!	
Voulle	Ztun	mer	0	0		pregnancy): O
18a. LENGTH OF PREG. 186. WANCY WEEKS	LBS. 6 OZS.	19 Was a standard Approximate dat	serological test f	or syphilis p	erformed?	Yes No
CAUSE OF STILLBIRTH	20a. FETAL CAUSES		8			
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	Ay	arveeph	alus			
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAUCA	20 4				
04 000100 10110 001101 101101	<u> </u>	rone				
Prolonged	ns of pregnancy a	AND LABOR	22. STATE ALL OPERA	ations for del	IVERY ~	
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDAN	IT'S SIGNATURE	(Specify if M. I)., midwife, or oth	ner N	23b. DATE SIGNED 2/4/55
on the date stated above at m.	23c. ATTENDATT'S	Sah	If NOT 24. SIGNAT physician	TURE OF AUTHOR	RIZED OFFICIAL	L TITLE
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	DATE (25c. NAME OF CEMETERY		25d. LOCATION	(City, town, or	county) (State)
Burial		Pionee	er	Righ	oy, Ida	ho
DATE REC'D BY LOCAL REG.	STRAR'S SIGNATUR	lielges	26. FUNERAL DIRECTO	buse	ell AD	DRESS Rigby, Idah
					, 	
Form DDH_48020				-		

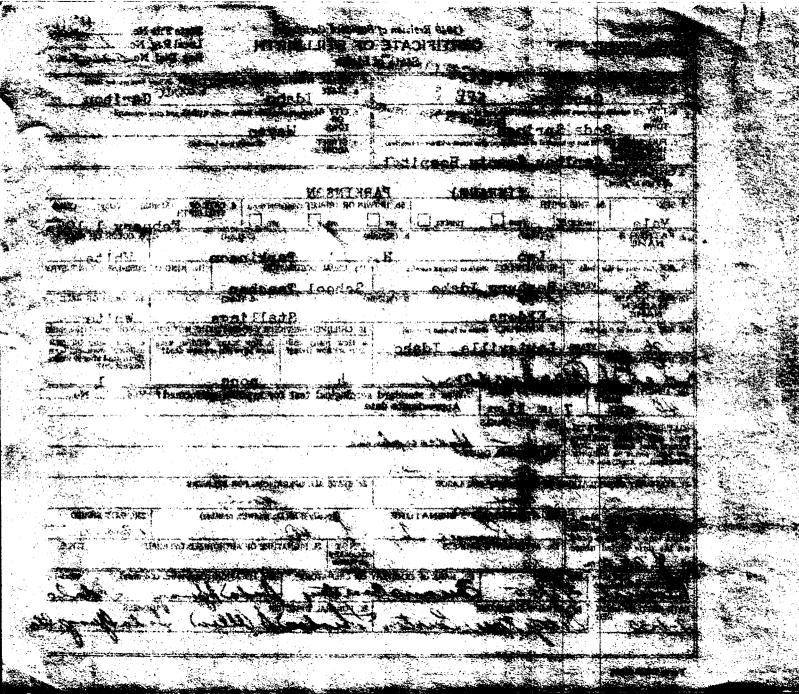
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HS-797(VS)	JEIVED	(1949 Revision of	Standard Certifica	le) Ste	te File No	028
EDERAL SECURITY	₽~2 ~8 1955 ci	ERTIFICATE	•		al Reg. No2	.4
Division	n of Vital Statistics	State of			g. Dist. No	610
1. PLACE OF STILLB	IRTH		2. USUAL RESI	DENCE OF MOTHE		or live?)
Boni	neville		a. STATE Ida	ho b. Co	Bonne Bonne	eville
OR	te limits, write RURAL and give	township)	c. CITY (If outside o	orporate limits, write RURA		
Town Idaho	Falls		TOWN Id	aho Falls		
HOSPITAL OR	in hospital or institution, give a ho Falls L.D.S		d. STREET ADDRESS Ro	(If rural, give location) ute # 5		
B. CHILD'S NAME						
(Type or Print)	BABY GIRL S	AKAGUCHI				
	IS BIRTH	5b. IF T	WIN OR TRIPLET (This	child born) 6. DATE OF	(Month) (D	ay) (Year)
Female singl	E X TWIN	TRIPLET 1ST	2ND	3RD STILLBIR	"February	17, 195
7. FATHER'S NAME	a. (First)	b. (Midd	lle)	c. (Last)	8. COLOF	R OR RACE
	TAKENO			SAKAGUCHI	Japa	nese
AGE (At time of this birth)	10. BIRTHPLACE (State	or foreign country)	11a. USUAL OCCUPA	TION 11b.	KIND OF BUSINESS	
<u>41</u> YEAR	s Regburg, Id	laho	Farmer	S	elf employ	red.
MAIDEN	a. (First)	b. (Mide	ile)	c. (Last)		R OR RACE
NAME	FUSAKO			MIYASAKI	Jap	anese
I. AGE (At time of this birth)	15. BIRTHPLACE (State	or foreign country)	777	OUSLY BORN TO THIS M		
39 YEAR	s Rexburg, I	daho	a. How many chil- dren are now living?	b. How many childre born alive but are now	n were c. How i	many OTHER were stillborn
INFORMANT		1	10	0	(born dea	d after 20 weeks
- Jakin	o Lahre	meka.				0
Ba. LENGTH OF PREG- 18 NANCY 40 WEEKS	7 LBS. 10 OZS.	Was a standard Approximate da	serological test te Septembe	for syphilis perfor	med? YesX	No
CAUSE OF STILLBIRTE	20. FETAL CALISES	7,	<u>Jop Combe</u>	1 1004		
		None				
tate only morbid condition susing fetal death (do NO' se such terms as Stillbirth	20b. MATERNAL CAUSI	ES	//		/	
rematurity, Asphyxia, etc.)	1 700	emia 1	1 pregu	aucy (&	ve-ecle	2m ssi
. STATE ANY COMPLICATI	IONS OF PREGNANCY AND	LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY		
	1 1	1				,
I hereby certify that	-	S SIGNATURÈ	(Specify if M.	D., midwife, or other)	23b. DATA	É SIGNEÓ
tended the birth of thi rild who was born dea		Unille	aus	Me	2/2	21/55
n the date stated abov		DRESS	If NOT 24. SIGNA	TURE OF AUTHORIZED	OFFICIAL	TITLE
;			attended by physician			
a. BURIAL, CREMA- 25 ON, REMOVAL (Specify)	b. DATE 25	c. NAME OF CEMETERY	Y OR CREMATORY	25d. LOCATION (City,	town, or county)	(State)
Burial I	Feb. 19,1955	Fielding Men	norial Park	Bonnevill	e County	Idaho
ATE REC'D BY LOCAL RI	ECISTRAR'S SIGNATURE		26. FUNERAL DIRECT		ADDRESST d	laho Fa11
et. 23-1955 L	Loma Sir	la-ca	Ma	rd CeDi	ice 1	Idaho
	7					

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PHS-797(VS) 4-48 FEDERAL SECURITY		S Y (f Standard Certificat OF STILLBIF	,	le No
PUBLIC HEALTH SERVI	CE.		CEIVER	i Idaho		t. No. 520-52-/
b. CITY (If outside cor OR	arib	OU F	FB 5 955	2. USUAL RESIDA STATE Idal	DENCE OF MOTHER (Wb b, COUNTY 10 orporate limits, write RURAL and g	Caribou
c. FULL NAME OF (I HOSPITAL OR INSTITUTION	f not in hos	OT THES	re street address or location)	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)	Ĩ	∵/* **** Tatto A	vm\ D	ADVINGAN		
4. SEX 5a.	. THIS BIF	TNFA		ARKINSON TWIN OR TRIPLET (TABLE	child born) 6. DATE OF (Mo	onth) (Day) (Year)
	SINGLE X	TWIN .	TRIPLET 1ST		1 1 1	11955
7. FATHER'S NAME		a. (First)	b. (Mi	ddle)	c. (Last)	8. COLOR OF RACE
9. AGE (At time of this bi	inth) I f	Leo	ate or foreign country)	11a. USUAL OCCUPAT	arkinson	White DE BUSINESS OR INDUSTRY
			Tdaho		1	OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN		a. (First)	b. (Mi		c. (Last)	13. COLOR OR RACE
NAME		Eldora			tallings	White
14. AGE (At time of this bi			ate or foreign country)	a. How many chil-	OUSLY BORN TO THIS MOTHER	
17. INFORMANT	TEARS [Lewisvil //	<u>le, Idaho</u>	dren are now living?	b. How many children were born alive but are now dead?	children were stillborn (born dead after 20 weeks pregnancy)?
× Leo V.	Pa	rkins	on		none	1
18a, LENGTH OF PREG- NANCY WEEKS	7	LBS. 13 OZS.	¹⁹ Was a standar Approximate d	d serological test i late	for syphilis performed!	Yes No
CAUSE OF STILLBI	RTH	Oa. FETAL CAUSES	11.	• 0*		1300
State only morbid cond causing fetal death (do use such terms as Still	NOT	Ob. MATERNAL CA	Hydrocepte None	alec		
Prematurity, Asphyxia,	etc.)		11 and			
21. STATE ANY COMPLI	CATIONS				ATIONS FOR DELIVERY	
		None		<u> </u>	None	
I hereby certify the attended the birth of		3a. ATTENDAR	T'S SIGNATURE	(Specify if M. I	D., midwife, or other)	23b. DATE SIGNED
child who was born on the date stated	dead	3c. ATTENDANT'S	ADDRESS	NOT 24. SIGNA	TURE OF AUTHORIZED OFFICE	IAL TITLE
at 9:05 a	40000		,	aftended by physician	TOTAL OF HOMOTOMICALD OFFICE	111 800
25a DURIAL, CREM A- TION REMOVAL (Specify)	25b. D/	ATE 2/5-5-	NAME OF CEMETE	RY OR CREMATORY	25d LOCATION (City, town,	or county) (State)
DATE REC'D BY LOCAL REG.		TRAR'S SIGNATURE	RI	26. PUNIRAL DIRECT	OR / (all)	ADDRESS A:
J-1-55	<u> VIII</u>	Ty/nu	Lucion	redu	D. allen J	real property



PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE			EC	ERTIFE	_	Standard Certificate OF STILLBIR Idaho			No	
			<u> </u>	 	ξ					
a. COUNTY F1	ankli		FEE	321 50	cs	a. STATE Idah		1. COLUMN	Frankli:	
b. CITY (If outside OR TOWN P1	reston		TAL and g	ive township)		c. CITY (If outside so OR TOWN Pr	rporate limits, wri eston	te RURAL and give	township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION						d. STREET ADDRESS	(If rural, give			
3. CHILD'S NA		Baby	Girl	Hart		=======================================				
4. SEX	5a. THIS E	BIRTH			5b. IF T	WIN OR TRIPLET (This of	hild born) 6. D	ATE OF (Mont	th) (Day)	(Year)
Female	SINGLE	X TW	IN 🔲	TRIPLET	1ST [] 2ND [] :	9RD 🔲 SI	TLLBIRTHFeb.	14 1	955
7. FATHER'S		a. (First)			b. (Midd		c. (Last)		8. COLOR OF	RACE
NAME		Halo		М			Hart		White	
9. AGE (At time of th	is birth)	10. BIRTHE	PLACE (Sta	ste or foreign cour	ntry)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR	INDUSTRY
5 2	YEARS	Pre	ston,	Idaho		Post Maste	r	Presto	n Post	Office
12. MOTHER'S		a. (First)			b. (Midd	le)	c. (Last)		13. COLOR O	
MAIDEN		Marjor	У			For	rsgren		White	
14. AGE (At time of the	ie birth)	15. BIRTH	PLACE (8ta	ate or foreign cou	ntry)	16. CHILDREN PREVIO		THIS MOTHER (Do NOT inclu	le this child)
33	YEARS	Pre	ston,	Idaho		a. How many children are now living?	b. How many born alive but	children were are now dead?	c. How many children wer (born dead aft	e stillborn
Halo M		Pres	ton	Idaho					pregnancy)?	
18a. LENGTH OF PR		WEIGHT AT			Andard	serological test f			Yes U	1
	NCY	LBS.	ozs.		mate da		or sypnins	performed :	163	140,
CAUSE OF STILL State only morbid causing fetal death use such terms as	LBIRTH	20a. FETAL					2			
Prematurity, Asphy	ria, etc.)	20b. MATE		M	w	nla	Tre	rae	/Co	mplets
21. STATE ANY COM	IPLICATION	IS OF PRED	NANCY SA	ND LABOR		22. STATE ALL OPERA	ATIONS FOR DE	LIVERY	rle	m
Thereby certif attended the birth	h of this	23a, ATT	7-12	111	TURE ON	(Specify if M. I)., midwife, or o	ther)	23b. DATE SI	5 - 55
on the date state		SSC ATTEN	IDANT'S A	ADDRESS L	rhy	If NOT 24. SIGNAT attended by physician	TURE OF AUTH	ORIZED OFFICIA	L.	TITLE
25a. BURIAL, CREI	M A- 25b.	DATE		25c. NAME OF	CEMETER	OR CREMATORY	25d. LOCATIO	(City, town, or	county)	(State)
Burial	Fe	b.15,1	.955 l	Presto	n	į	Pres	ton, Idah	.o	
DATE REC'D BY LO	CAL REG	ISTRAR'S SI	GNATURE			26. FUNERAL DIRECT			DRESS	
7-12-33	EG. E	eeie	2	Bus	eever	Webb Funer	ral Home	/ F	reston,	<u>Idaho</u>
	7					Stema	af 15	eedara	6	

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PHS-797(VS) I-48			•	Standard Certificate	•	State File	~
FEDERAL SECUE	RITY AGE	ENCY	CERTIFICATE		RTH	Local Reg	•
		:	E C State of	i Idaho		Reg. Dist.	No2.4.0
1. PLACE OF S	TILLBI	RTH		2. USUAL RESID	ENCE OF MO	THER (Where	e does mother live?)
a. COUNTY	Frai	nklin	FEB 23 1955	a. STATE Ida	aho	b. COUNTY	Franklin
b. CITY (If outsid	le corporate	limite, write RURAL	dispublical mater	ICC. CITY (If outside ex	orporate limits, write	RURAL and give	
OR TOWN		ston	ISION OF CICAL	OR TOWN	Dayton		
c. FULL NAME O HOSPITAL OR INSTITUTION	F (H not in	a hospital or institution, given the count	y Hospital	d. STREET ADDRESS	(If rural, give to Dayton,		
3. CHILD'S NA	ME						
(Type or Prin	t)	BABY BOY	BALLS				
4. SEX	5a. THIS	BIRTH	.5b. IF 7	TWIN OR TRIPLET (This	child born) 6. DAT	E OF (Mon	th) (Day) (Year
Male	SINGLE	twin 🗌	TRIPLET 1ST	2ND	3RD STI	Fe	bruary 17,19
7. FATHER'S NAME	<u></u>	a. (First)	b. (Mide	ile)	c. (Last)		8. COLOR OR RACE
NAME	A	rta	Lloyd		B all s		White
9. AGE (At time of t	this birth)	10. BIRTHPLACE (8	tate or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDUST
26	YEARS	Logan, U	Jtah.	Farmer		Own F	arm
2. MOTHER'S		a. (First)	b. (Mid-	dle)	c. (Last)		13. COLOR OR RACE
MAIDEN NAME		Barbara	Bodero		Balls		White
14. AGE (At time of t	this birth)	15. BIRTHPLACE (8	tate or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO	THIS MOTHER ((Do NOT include this chi
2	26 YEARS	Logan	Utah.	a. How many children are now living?	b. How many born alive but a	children were	c. How many OTHE children were stillbo
7. INFORMAN	Т	10 1	B 11.	dren are now name.			(born dead after 20 wee pregnancy)?
1	-\f_	Local	620(1s)		0		/.
18a. LENGTH OF PI	ANCY	. WEIGHT AT BIRTH	¹⁹ .Was a standard Approximate da	serological test i	for syphilis p	erformed?	Yes No
CAUSE OF STIL		20a. FETAL CAUSES	/ .	1		0	
State only morbid	conditions	P	enaturi	ty - P2	acent	apro	unia 10
State only morbid causing fetal death use such terms as	Stillbirth,	20b. MATERNAL CA	USES			/	
Prematurity, Asphy	yxia, etc.)	<i> </i>	-o-c				
21. STATE ANY CO	MPLICATIO	ONS OF PREGNANCY	AND LABOR O	22. STATE ALL OPER	ATIONS FOR DEL	IVERY	1.
Place	ska pe	racvia, c	amplete.	Caes	esian	Sic	from)
I hereby certi	fy that I	23a. ATTENDAN	IT'S SIGNATURE	(Specify if M.)	D., midwife, or oth	ier)	23b. DATE SIGNED
attended the birt	th of this	1/1/11/11	12/ Hain	ent	M. D.		7-18-5
child who was b on the date stat			ADDRESS . /	INOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L TITLE
at	m.	Prese	Four. Id	ettended by physician			
		b. DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county) (State
25a. BURIAL, CRE TION, REMOVAL (8) Burial	pecify)	2-18-55	Logan		Loga	an, Utah	1.
DATE REC'D BY LO	OCAL RE	GISTRAR'S SIGNATUR		26 FUNERAL DIRECT		AC	DDRESS
2-18-5-	REG.	Jan and	Breakens	webb Morti	lary	Testo	on, Idaho.
		7		Horne	any /	under	
				,	•		1

PHS-797(VS)			Standard Certificat	•	State File	No. 023
FEDERAL SECURITY	AGENCY	CERTIFICATE		RTH	Local Reg	
Divis	ion of Vital Cratistics	State of	Idaho		Reg. Dist.	No. 348
1. PLACE OF STIL	LBIRTH		2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)
a. COUNTY Fr	anklin	•	a. STATE Idah		b. COUNTY	Franklin
b. CiTY (If outside corr OR	porate limits, write RURAL and a	ive township)	C. CITY (If ontaids of		RURAL and give	
	ston		II OK	ston		<u>-</u> .
c. FULL NAME OF (II	not in hospital or institution, giv	e street address or location)	d. STREET ADDRESS No.	(If rural, give los	nation)	
HOSPITAL OR INSTITUTION	Franklin Count	y Hospital	ADDRESS No.	rth State	St.	
3. CHILD'S NAME						
((Type or Print)	Baby Girl P	arrv				
4. SEX 5a.	THIS BIRTH		WIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Mont	th) (Day) (Year)
Female s	INGLE TWIN	TRIPLET 1ST	"	3RD STIL	Lвіктн Feb.	
7. FATHER'S	a. (First)	b. (Midd		c. (Last)	Teb	8. COLOR OR RACE
NAME	Kieth	N	,			
9. AGE (At time of this bis			11a. USUAL OCCUPAT	Parry	tti KIND OF	White
0.7		Idaho	l	ION		BUSINESS OR INDUSTRY
12. MOTHER'S	a. (First)	b. (Midd	Laborer		Sego M.	ilk Plant
MAIDEN	Ethel	b. (Midd	•	c. (Last)		13. COLOR OR RACE
14. AGE (At time of this bir				stead		White
21	D					Do NOT include this child)
17. INFORMANT	EARS Preston,	idano	a. How many children are now living?	b. How many of born alive but ar	e now dead?	c. How many OTHER children were stillborn
	70					(born dead after 20 weeks pregnancy)?
Kieth N.						
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	¹⁹ Was a standard	serological test f	or syphilis pe	erformed?	Yes No
4 () WEEKS	LBS. OZS.	Approximate da	te			
CAUSE OF STILLBI		0 -			ı	
State only morbid condicausing fetal death (do)	NOT We	cephal	u Mo	nster	<i>-</i>	
causing fetal death (do luse such terms as Stilli Prematurity, Asphyxia, e	birth, 20b. MATERNAL CAU	ISES ()	1			
21. STATE ANY COMPLIC	CATIONS OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	TIONS FOR DELI	VERY	
$-\!$	one		N	ove		
I hereby certify th attended the birth of		T'S SIGNATURE	(Specify if M. I	., midwife, or other	er)	23b. DATE SIGNED
child who was born o	dend -	K. / Yaw	Res M. &	<i>)</i>		2/28/5
on the date stated a	bove 23c. ATTENDANT'S A	DDRESS	If NOT 24. SIGNAT	TURE OF AUTHOR	IZED OFFICIAL	TITLE
at n	1. Cestou	- Hollo	physician			· · · · · · · · · · · · · · · · · · ·
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Burlal	Feb. 28.1955	Preston		Preston	. Idaho	
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTO			DRESS
2-28-1955	Expie w.	Brown	Webb Fuper	al Homo	Prest	on, Idaho
	/ /		Alla		1011	
			sucur	un M	1200	

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PHS-797(VS) 4-48 FEDERAL SECURITY PUBLIC HEALTH SERVICE		R E	BHFICATE	Standard Certificate OF STILLBIF Idaho	•		No
1. PLACE OF STIL	LBIRTH	Divisio		2. USUAL RESID	ENCE OF MO		does mother live?)
a. COUNTY G	ooding	20101	or vitar Statistic	a. STATE Ida	aho	b. COUNTY	Elmore
b. CITY (If outside corp	orate limits, v	vrite RURAL and give	township)	c. CITY (If outside so	rporate limits, write	RURAL and give	township)
TOWN GOO	ding			OR TOWN	Glenns F	erry	
c. FULL NAME OF (III HOSPITAL OR INSTITUTION GO	not in hospite oding	or institution, give a County Me	morial Hosp.	d. STREET ADDRESS	(If rural, give lo	cation)	
3. CHILD'S NAME							
((Type or Print)	JEAN	TETTE HAME	L				
4. SEX 5a.	THIS BIRTI	4	,5b. IF T	WIN OR TRIPLET (This c	hild born) 6. DA	E OF (Mon	th) (Day) (Year)
Female si	NGLE X	TWIN 🔲	TRIPLET 1ST	2ND -	3RD STI	LLBIRTH Feb	. 18, 1955
7. FATHER'S		(First)	b. (Midd		c. (Last)		8. COLOR OR RACE
NAME	Ret	mond		Ī	Lamel		White
9. AGE (At time of this bir		BIRTHPLACE (State	or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDUSTRY
-1.	EARS	Illinois		School Teach			
12. MOTHER'S		(First)	b. (Midd		c. (Last)	<u></u>	13. COLOR OR RACE
MAIDEN NAME	E112	abeth	L.		Becker:		White
14. AGE (At time of this bir		BIRTHPLACE (State		16. CHILDREN PREVIO		THIS MOTHER	Do NOT include this child)
26 _Y	EARS	So. D		a. How many children are now living?	b. How many born alive but s	children were	c. How many OTHER children were stillborn
17. INFORMANT	Stam	el la He	men Dr.	3	n	one	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY	ł	SHT AUBIRTH ()19	Was a standard Approximate da	serological test i	for syphilis p	erformed?	YesNo
	200	FETAL CAUSES		Fire			
CAUSE OF STILLBII	RTH						
causing fetal death (do use such terms as Still	NOT 20h	. MATERNAL CAUS	FS	<i>y</i> / ~			· ×
Prematurity, Asphyxia, e	stc.)	Drive	vature	fr paral	ean g	O'lls	accura.
21. STATE ANY COMPLIA	CATIONS OF			22. STATE ALL OPER	ATIONS FOR DEL	IVERY _	
	1 -1	6.2drian	Section		pena		ean
I hereby certify th		ATTENDANT	SSIGNATURE	(8necity if M.)	D., midwife, or ot	her)	23b. DATE SIGNED
attended the birth of		L-12	2	nett -	1	 ,	2/18/57
child who was born		ATTENDANT'S AD	<u> </u>		TURE OF AUTHO	RIZED OFFICIA	TITLE
on the date stated a		LEIDAN O AD		attended by physician			
at		E I2	Sc. NAME OF CEMETER	' 	25d. LOCATION	(City, town, or	county) (State)
TION, REMOVAL (Specify) Burial	2/19		lenns Rest	3	i -	Ferry,	
DATE REC'D BY LOCAL	REGISTR	AR'S SIGNATURE		26. FUNERAL DIRECT	% T	AC HOMPS	ODRESS
2-10 03	1×4/14	The total		1 NO VICE	7 		NG, IDAHO

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PHS-797(VS)

4-48
FEDERAL SECURITY AGENCY J55
PUBLIC HEALTH SERVICE
PUBLIC HEALTH SERVIC

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State File No	13	ं र्र
Local Reg. No		
Reg. Dist. No	242	

Didie	, radio		_		
1. PLACE OF STILLBIRTH	2. USUAL RESID	ENCE OF MO	THER (Where	does mother live?)	
a. COUNTY Idaho	a. STATE Id	aho	b. COUNTY	Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR	c. CITY (If outside or	c. CITY (If outside corporate limits, write RURAL and give township)			
TÖWN Cottonwood		ıral Grang			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Our Lady of Consolation	d. STREET ADDRESS	(If rural, give lo	cation)		
3. CHILD'S NAME	"			· · · · · · · · · · · · · · · · · · ·	
(Type or Print) Baby Girl Spencer					
4. SEX 5a. THIS BIRTH 5b. IF	TWIN OR TRIPLET (This	child born) 6. DAT	E OF (Mont	h) (Day) (Year)	
female single K TWIN TRIPLET IST	2ND	3RD STIL	rebrua:	y 18, 1955	
7. FATHER'S a. (First) b. (Mid	(dle)	c. (Last)		8. COLOR OR RACE	
Gene		Spencer	•	White	
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDUSTRY	
25 YEARS Idaho	Farmer		Farr	ning	
12. MOTHER'S a. (First) b. (Mid	ldle)	c. (Last)		13. COLOR OR RACE	
NAME Roberta		Vogel		[₩] hite	
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO T	HIS MOTHER (Do NOT include this child)	
21 years Idaho	a. How many chil- dren are now living?	b. How many born alive but ar	children were	c. How many OTHER	
17. INFORMANT	aren are now hving.	DOTH MIVE DUE M	e now dead!	(born dead after 20 weeks	
Gene A. Spencer	0	ļ	0	pregnancy)?	
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard	serological test f	or syphilis p	erformed?	YesXX No	
34 WEEKS 2 LBS. 7 OZS. Approximate de	ate October	20, 1954		110,	
CAUSE OF STILLBIRTH 20a. FETAL CAUSES					
State only morbid conditions None					
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	<u> </u>				
Abruptio Placentae					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELI	VERY		
None	None				
I hereby certify that I 23a. ATTEMBANT'S SIGNATURE	Cify if M. I	O., midwife, or oth	er)	23b. DATE SIGNED	
attended the birth of this child who was born dead	er (n.D.	1	Feb. 22, 1955	
on the date stated above 23c AMENDANIS ADDRESS	If NOT 24. SIGNA attended by	TURE OF AUTHOR	IZED OFFICIAL		
at 8:20 Pm. Grangeville, Idaho	physician				
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER TION, REMOVAL (8 pecify)	Y OR CREMATORY	25d. LOCATION	City, town, or c	ounty) (State)	
Burial Feb. 19-1955 Catholic	2	Cottor	wood, Id	daho	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT	OR	ADI	DRESS	
Mar. 4, 1955 Nr. F. Our. M. D. Luin.	Cletrof Ch	lon.	Cottor	wood, Idaho	

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PHS-797(VS)	RECEIVE!	(1949 Revision of	Standard Certificate	State File	No
FEDERAL SECURITY	$^{\mathtt{AGMAR}}12$ 1955 \mathtt{c}	ERTIFICATE	OF STILLBIF	TH LOCAL Ref	z. No. 2/0
	Division of Vital Stati		Idaho	Reg. Dist	No4410
1. PLACE OF STIL	LBIRTH			ENCE OF MOTHER (Whe	
a. COUNTY Jero	me		a. STATE Ida	ho b. COUNTY	n Falls
b. CITY (If outside our	porate limits, write RURAL and gi	ve township)	c. CITY (If outside co	rporate limits, write RURAL and giv	e township)
TOWN Jer			TOWN Twir	Falls	
INSTITUTIONSt	not in hospital or institution, give Benedicts Ho		d. STREET ADDRESS 25	(II rural, give location) 6 Blue Lakes	Blvd.No.
3. CHILD'S NAME ((Type or Print)	DAVID IRA	KRUCKENB	ERG		
	THIS BIRTH	5b. IF T	WIN OR TRIPLET (This o		
	INGLE I TWIN	TRIPLET 1ST	2ND	3RD STILLBIRTH P	eb 28 1955
7. FATHER'S NAME	a. (First)	b. (Midd	·	c. (Last)	8. COLOR OR RACE
	Norman	A.		ckenberg	White
	Kansas Kansas	e or foreign country)	Truck driv		F BUSINESS OR INDUSTRY
2. MOTHER'S MAIDEN	a. (First)	b. (Midd	•	c. (Last)	13. COLOR OR RACE
NAME	Jacqueline			Kight	White
4. AGE (At time of this bi	The state of the s	e or foreign country)	a. How many chil-	DUSLY BORN TO THIS MOTHER	
26 y	rears Chicago I	<u> </u>	dren are now living?	b. How many children were born alive but are now dead?	children were stillborn (born dead after 20 weeks
norma	n a Krum	Then berg	2	0	pregnancy)?
8a. LENGTH OF PREG- NANCY WEEKS	& LBS. OZS.	¹⁹ Was a standard Approximate da	serological test to te	or syphilis performed? 1y 1954	Yes. X. No
CAUSE OF STILLBI State only morbid conc causing fetal death (do use such terms as Still	RTH 20a. FETAL CAUSES	witeri	ne ay	physia	
use such terms as Still Prematurity, Asphyxia,	birth, 20b. MATERNAL CAU	SES LOYE	nie		
1. STATE ANY COMPLI	CATIONS OF PREGNANCY AN	D LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	officeron
I hereby certify to strended the birth of thild who was born	this	'S SIGNATURE	(Specify if M. I	., midwife, or other)	236. DATE SIGNED
nua wno was oorn on the date stated (Gall De	If NOT 24. SIGNA physician	TURE OF AUTHORIZED OFFICIA	AL TITI.E
5a. BURIAL, CREMA- ION, REMOVAL (Specify) Burial	25b. DATE	25c. NAME OF CEMETER		25d. LOCATION (City, town, o	
		Sun Set Men	1//	Twin Falls	Idaho
ATE REC'D BY LOCAL REG.	REGISTRAR'S ŞIGNATURE	F ()	26. FUNERAL DIRECT	A A	DDRESS
March 5,19	55 Sister	M. Lose OB	John Y.	Milkerson	1 com fact
				E435	

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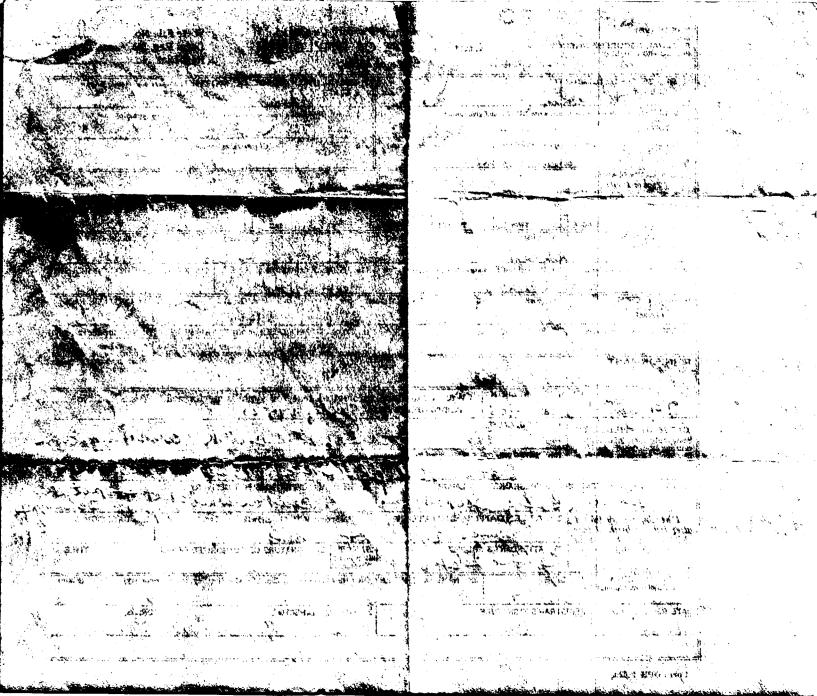
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	D E C	TVED						
PHS-797(VS) 4-48	•	•		Standard Certificate		State File	No. 200	jage.
FEDERAL SEC	URITY AGE	NCY7 JUS	CERTIFICATE	OF STILLBIF	RTH		* * * * * * * * * * * * * * * * * * *	â
	Division	of Vival Statistic	State of	Idaho		Reg. Dist.	No. 120	
I. PLACE OF	STILLBI	RTH ,		2. USUAL RESID	ENCE OF MO	THER (Where	e does mother live?)	
a. COUNTY	$_{ t Koote}$	ena 🛊		a. STATE Idah		b. COUNTY	Bonner	
b. CITY (If ou	staide corporate	limits, write RURAL and	give township)	c. CITY (If outside or	rporate limite, write	RURAL and give	township)	
TOWN		t Lake		TOWN Ne	wport			
c. FULL NAM HOSPITAL INSTITUTI	e of (H not in OR Sp.	hospital or institution, given the lake	Hosp	d. STREET ADDRESS	(If rural, give loc	eation)		
3. CHILD'S								==
(Type or P	Tint)	Danny L	ee Moran					
4 SEX	5a. THIS	BIRTH	,5b. IF T	WIN OR TRIPLET (This c	hild born) 6. DAT			ar)
IVI	SINGLE	X TWIN	TRIPLET 1ST	ZND	3RD SIIL	LBIRTH Fe	b 22 1955	
7. FATHER'S	5	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE	
		Glenn	Cary	_	Moran		White	
9. AGE (At time	of this birth)	10. BIRTHPLACE (St		11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR INDUS	TRY
16	YEARS		ton	Student		Scho	ool	
12. MOTHER' MAIDEN		a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR RACE	=
NAME		helma		Са	mpbell		White	
14. AGE (At time	of this birth)	15. BIRTHPLACE (St	ate or foreign country)				Do NOT include this cl	
18	YEARS	Washing	<u>ton</u>	a. How many chil- dren are now living?	b. How many o born alive but ar	children were e now dead?	c. How many OTH children were stillb	orn
17. INFORMA	_						(born dead after 20 we pregnancy)?	eks
Allen .				0	9		· Q	
	NANCY	O. WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis pe	erformed?	Yes No	
WE	eks	7 LBS. 2 OZS.	Approximate da	ie.		· · · · · · · · · · · · · · · · · · ·		
CAUSE OF ST State only morb				0 A	۸/			
causing fetal des	th (do NOT	20b. MATERNAL CA	CH FOOTHING;	LORD AROU	ND MECK.			
Prematurity, Asp	ohyxia, etc.)	0						
0	_	ONS OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DELI	VERY		
		OOTLING						
I hereby cer attended the b		Zia. AT VENDAN	T'S SIGNATURE	(Specify if M. I)., midwife, or other	er)	23b. DATE SIGNED	
child who was	born dead	23c. ATTENDANT'S	ADDRESS	TANON LA CIONA	FUEL OF MERIOD	IZED OFFICIAL	2/23/5	<u> </u>
on the date st	m.	Spirit La	y Idaha	physician	TURE OF AUTHOR	IZED OFFICIA	L TITLE	
25a. BURIAL, CI FION, REMOVAL	(Specify)	. DATE	25c. NAME OF CEMETERY	1	25d. LOCATION	City, town, or	county) (State	e)
Burial	12	7-Feb-55	Newport Cer		Newpor	to Was	hington	
DATE REC'D BY	LOCAL REG	SISTRAR'S SIGNATURI	122	26 FUNERAL DIRECTO	OR /	∕ AD	DRESS	
4-28-5	5 0	arraine ?	(. Prush	Strengen Fi	1 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		nc.	
		1		Mewport,	Washingt	on		
	27'			,,,				

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RECEIVED	01 1 1 0 44 A	•	020
FEDERAL SECURITY ASENCY 1955	Standard Certificate) OF STILLBIRTH	State File No Local Reg. No	2500
Division of Vital Statistics State of		Reg. Dist. No	430
1. PLACE OF STILLBIRTH			
a. COUNTY	2. USUAL RESIDENCE OF MO	b. COUNTY	ner livef)
b. CITY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside corporate limits, write	Jucou	
TOWN Richard - Rural	OR TOWN Rich	Lilo	
c. FULL NAME OF (If not in hobbial or institution, give atrost address or location) HOSPITAL OR INSTITUTION	d. STREET (If rural, give In ADDRESS	Secretary	
3. CHILD'S NAME	·	WWW -	
((Type or Print)	,		
	WIN OR TRIPLET (This child born) 6. DA	TE OF (Month) (I	Day) (Year)
male SINGLE TWIN TRIPLET IST	2ND 3RD 51	LLBIRTH -	<u>ュ - ら</u> っ´
7. FATHER'S NAME a. (First) b. (Midd	le) c. (Last)	8. COLO	R OR RACE
- Veau +	Gil	<u> </u>	While_
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINES	S OR INDUSTRY
12. MOTHER'S a. (First) b. (Midd	tormer	1 10 22	
12. MOTHER'S MAIDEN NAME OAA (First) b. (Midd)	le) c. (Last)	13. COL	OR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO	THIS MOTHER (Do NOT)	include this shild)
36 YEARS) $H=0$.	a. How many chil- h. How many	children were c. How	many OTHER
17. INFORMANT	dren are now living? born alive but a	(born de	were stillborn ad after 20 weeks
Dean H Giles.	4	pregnan	cy)?
18a, LENGTH OF PREG- 18b, WEIGHT AT BIRTH 19 Was a standard	serological test for syphilis r	erformed? Yes	No
29 WEEKS 3 LBS. — OZS. Approximate dat	ie Guele, 1952)		
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	4 1 1 1 1	<i>f</i> . <i>d</i> . <i>a</i>	
State only merbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	has text Decit	K COUNTY (U	~かんざしょ~ _
use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Pe+a+cko.l b	lacenta Prom	etun la	line.
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DEL		entul
I denting later Bornathone	e) Bead ne ar	her also The	2 deurs
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other	ner) 23b. DAT	E SIGNED
attended the birth of this child who was born dead	THE MAR		1/14-50
on the date stated above 23c ATTENDANT'S ADDRESS at	If NOT attended by physician 24. SIGNATURE OF AUTHO	RIZED OFFICIAL	TITLE
JION, REMOVAL (Specify) //	OR CREMATORY 25d. LOCATION	(City, town, or county)	(State)
DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE	d I lic	ufuld -	Salia
1/14-55 Durte C. Buratt	26. FUNERAL DIRECTOR Muntle C. Paul	HAITH DU	volume do
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RECEIVED PHS-797(VS) 1955 (1949 Revision of Standard Certificate) FEDERAL SECURITY AGENCY 11 State File No. CERTIFICATE OF STILLBIRTH Local Reg. No..... PUBLIC HEALTH SERVICE Division of Vital Statistics Reg. Dist. No..... State of Idaho 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY a. STATE b. COUNTY Madison Idaho Teton b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) TOWN TOWN Rexburg Clementsville c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) ADDRESS INSTITUTION Madison Memorial Hospital 3. CHILD'S NAME (Type or Print) Baby Bott 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF STILLBIRTH (Month) (Day) (Year) SINGLE X Female TWIN TRIPLET February 25 2ND 3RD 7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE NAME De Mar Terrance Bott Cauc. 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY YEARS Rexburg, Idaho Farmer Farming 12. MOTHER'S MAIDEN a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE NAME Beverly Kay Miller Cauc. 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? Kansas c. How many OTHER YEARS ${f Anthonv}.$ children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? 18a. LENGTH OF P 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes...... No......... NANCY Approximate date LBS.] 5 h ozs WEEKS February, 1955 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY I hereby certify that I 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED attended the birth of this child who was born dead on the date stated above 24. SIGNATURE OF AUTHORIZED OFFICE attended by Idaho Rexburg. physician 25a. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State) ′28 Ftalding Memorial Bonneville Co. Idaho DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS REG Rexburg, Idaho

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PHS-797(VS) 4-48 FEDERAL SECURITY-AG PUBLIC HEALTH BENVIOLED II	B 18 55 ENCYital Statistics	•	Standard Certificat OF STILLBIF Idaho	RTH L	tate File No ocal Reg. No eg. Dist. No	
PLACE OF STILLB a. COUNTY Nez P b. CITY (If outside corporate	erce		a. STATE Idal	10	Nez P	erce
TOWN Lewis	ton		TOWN TOWN	orporate limits, write RUR	AL and give township)	
	in hospital or institution, give	atreet address or location)	d. STREET ADDRESS	21 King location	day to	reck
3. CHILD'S NAME ((Type or Print)	Karen	Faye	Mille	r	V	
4. SEX 5a. THI SINGL	S BIRTH	TRIPLET 1ST	WIN OR TRIPLET (This o	shild born) 6. DATE OF STILLBI	RTH4.	Day) (Year) / 1955
7. FATHER'S NAME	a. (First)	b. (Midd		c. (Last)		OR OR RACE
9. AGE (At time of this birth)	Jack	- ta	£	Miller		<u>ite</u>
2.2 YEAR	10. BIRTHPLACE (Sta	te or foreign country)	11a. USUAL OCCUPAT	orher 116	. KIND OF BUSINES	S OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) Evelvn	b. (Midd	A	c. (Last) Lombard	13. COL	OR OR RACE
14. AGE (At time of this birth)	15. BIRTHPLACE (Sta			OUSLY BORN TO THIS		
17. INFORMANT			a. How many chil- dren are now living?	b. How many child born alive but are no	ren were c. How children (born de	many OTHER n were stillborn ead after 20 weeks
x y acc	FIL	iller	none	none	pregnan	noul
18a. LE GTH OF PREGNANCY WEEKS	b. WEIGHT AT BIRTH LBS. OZS.	¹⁹ Was a standard Approximate da	serological test f	or syphilis perfo	ormed? Yes	No
CAUSE OF STILLBIRTE State only morbid condition causing fetal death (do NO)	s	Unpro	wn			
causing fetal death (do NO? use such terms as Stillbirth Prematurity, Asphyxia, etc.)	, 20b. MATERNAL CAU	SES 7. L	Some	Soit &	1 Diolo	-cia
21. STATE ANY COMPLICATI	ONS OF PREGNANCY AN	ID LABOR	22. STATE ALL OPER	ATIONS FOR DELIVE	Cion	crean
I hereby certify that attended the birth of thi child who was born dead on the date stated above	Kain	T'S SIGNATURE	Yotav	O., midwife, or other) TURE OF AUTHORIZE	D. 2	TE SIGNED
at m.	1.527	Duriel Sem	attended by physician	TORE OF ACTION ALE	OTTIONE	****
TION, REMOVAL (Specify)	eb. 5, 19 55	25c. NAME OF CEMETER Normal Hill	•	25d. LOCATION (City Lewiston,	Idaho	(State)
DATE REC'D BY LOCAL RI	GISTRAR'S SIGNATURE	(a.).	26. FUNERAL DIRECT	or Brower-Wa		
x 3 33 10	lan N.	geens	M.H. Mal	com	Lewisto	on, Idaho
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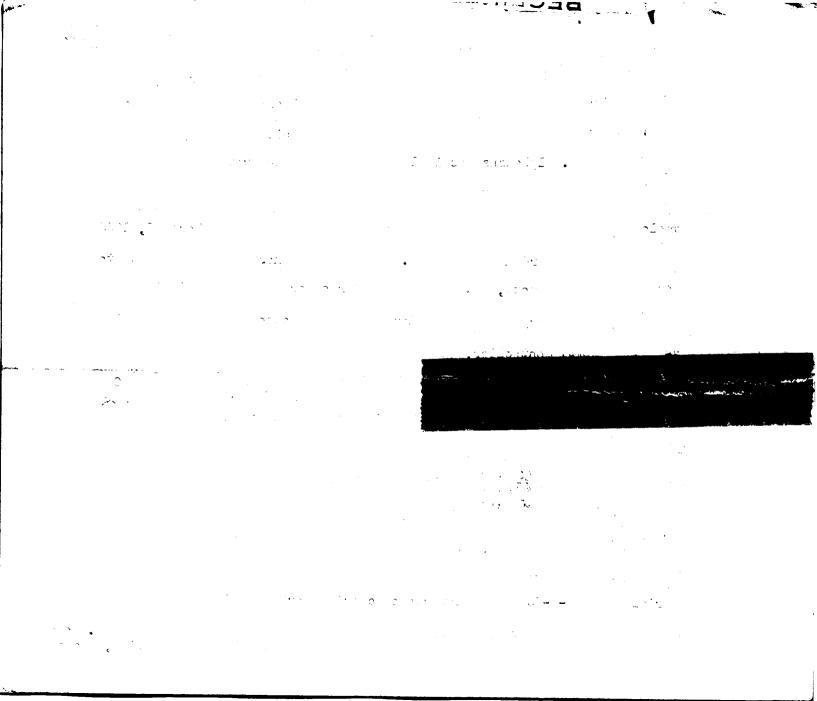
PHS-797(VS)	FX 4		- 31) (1949 Revi	sion of	Standard Certifica	ite)		State File	No.	- ()	4:
4-48 FEDERAL SECUR PUBLIC HEALTH SE	ITY AGEN	acal 3			-	OF STILLBI			Local Reg.		4	7
	~			. S		Idaho			Reg. Dist.	No	2.2	Q
1. PLACE OF S	Division		- sisting									
a. COUNTY	IILLBIR				i	2. USUAL RESI a. STATE	DENCE C	F MC	THER (Where b. COUNTY	does moti	er live?)	
	ez Per					Washi	ngton		As	otin		
b. CITY (If outside OR	e corporate lin	mite, write R	URAL and	rive township)		c. CITY (If outside	corporate limi	ts, write	RURAL and give	township)		
TOWN I	ewisto	n				TOWN Clat	kston					
c. FULL NAME O HOSPITAL OR					ocation)	d. STREET ADDRESS	(If rural	, give lo	cation)	-		
INSTITUTION	St Jos	eph's	Hospi	tal			Ol Elm	St	reet			
3. CHILD'S NA	ME											
(Type or Print	:)	Raby	Roy H	ughes								
4. SEX	5a. THIS E	BIRTH	www.	ugues .	5b. IF T	WIN OR TRIPLET (TH	s child born)	6. DAT	E OF (Mont	h) (1	Day)	(Year)
Male	SINGLE	X 77	MIN 🔲	TRIPLET	1ST [2ND	3RD	STI	LLBIRTH _	7.	• • · · · · · · · · · · · · · · · · · ·	
7. FATHER'S		a. (First			b. (Midd			Last)	<u>Feb</u>	8. COLO	R OR	1955 RACE
NAME		Man	.4		•	,						
9. AGE (At time of the	his himsh	MOI		ate or foreign countr		11a. USUAL OCCUP		ugly	11b. KIND OF	Whi		NDUCTOV
J. AGE (At time of the					(V	Tia. OSUAL OCCUP.	MI ION		IIB. KIND OF	BUSINE	3 OK 1	NUUSIKI
12. MOTHER'S	YEARS	a. (First		Idaho	L (35:33					12 601	00.00	DAGE
MAIDEN		a. (Fusi	,		b. (Midd	110)	С. (Last)		13. COL	OR OR	RACE
NAME		Dor				16. CHILDREN PREV	Н	app	Z	Whi	te.	
14. AGE (At time of the	ais birth)	15. BIRTH	IPLACE (8t	ate or foreign count	ny)							
	YEARS	Clar	kston	. Washing	rton	a. How many chil dren are now living	born aliv	e but a	children were re now dead?	children	were	OTHER stillborn
17. INFORMANT	Γ ~ /	/		,	.				_	pregnan		20 weeks
mon	7	ugh	us			10	1	Δ	*		Ω	
18a. LENGTH OF PE	REG- 18b.	WEIGHT A	T BIRTH	19 Was a sta	indard	serological test	for syph	ilis p	erformed?	Yes	1	Vo
WEEKS		LBS.	ozs.	Approxim							,	
CAUSE OF STIL	LBIRTH	20a. FETA	L CAUSES	mitte	m	enne	real	ne	ino		J	La
State only morbid	conditions	Pa	du	ionas		edenl	-					
causing fetal death use such terms as	Stillbirth,	20ь. МАТ	ERNAL CA	USES	7,				0+1	50		
Prematurity, Asphy	xia, etc.)	PL	ace	ntal	w	-farce	2 7	w	m,	re	•	
21 STATE ANY COM	MPLICATION	S OF PRE	GNANCY A	IND LABOR		2. STATE ALL OPE	RATIONS FO	OR DEL	IVERY			
allum	rne	m				Long	~ L	2/	co las			
I hereby certif	fu that I	23a. A	TENBAN	T'S SIGNATI	JRE	(Specify if M	D. midwife	or oth	ner)	23b. DA	TE SIGI	NED.
attended the birt	h of this		-	ner	w7	501	ms	·	,	2 -	-15	-22-
child who was be		23c ATTE	MDANT'S	ADDRESS		II NOT 24. SIGN	ATURE OF	AUTHO	RIZED OFFICIA			TITLE
on the date state		1 7	911	1500	21	attended by physician				_		
250 PUPIAL CRE	m.	DATE		250 NAME OF	EMETED	Y OR CREMATORY	1 254 100	ATION	(City, town, or	county)		(State)
25a. BURIAL, CRE TION, REMOVAL (8po	ecify)					. OR CREMATORT						(
Removal	1 2	/12/19		Vineland	L	1 00	Clar	kste			ash	bngton
DATE REC'D BY LO	REG. REG	STRAR'S	DIGNATURI	× // -		26. FUNERAL DIRE	JIOR /	-		DRESS		_
2-16-55	14/	lan	NI	gerno		In ! The	rcke	ul	Clark	ston,	Was	shington
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PHS-797(VS) (19/9 Revision of	Standard Certificat	e) Canan	U42
FEDERAL SECURITY AGENCY CERTIFICATE			File No. 5. 6
Division of Vital Statistics State of			Dist. No. 140
a. COUNTY	2. USUAL RESID	ENGE OF MOTHER	
b. CITY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside or	orporate limits, write RURAL an	
TOWN Wallace Idaho	TOWN B	lack La	Re-Idaho
c. FULL NAME OF (If not in hospital or institution grive street address or location) HOSPITAL OR INSTITUTION A Lace South	d. STREET ADDRESS	(If rural, give location)	la Don Carlos
3. CHILD'S NAME		Y .	
(Type or Print)	ou (iraha w	
4. SEX 5a. THIS BIRTH 5b. IF 1	WIN OR TRIPLET (This	hild born) 6. DATE OF	(Month) (Day) (Year)
SINGLE X TWIN TRIPLET IST		3RD STILLBIRTH	Feb 7-1955
7. FATHER'S a. (First) b. (Mide	ile)	c. (Last)	8. COLOR OR RACE
Graw Lee	۷ (Jraham E	ω
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		D OF BUSINESS OR INDUSTRY
30 YEARS MINOUS		1	5. Mau4.
12. MOTHER'S a. (First) b. (Mide		c. (Last)	13. COLOR OR RACE
NAME Celesta Mauo		Von Carlo	s W
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)			HER (Do NOT include this child)
glyears Leads S.D.	a. How many chil- dren are now living?	b. How many children to born alive but are now dea	d? children were stillborn
Who E Halam M	2	١	(born dead after 20 weeks pregnancy)?
	seminoical test	or synhilis nerforme	ed? Yes. No
3 6 WEEKS 6 LBS. 120ZS. Approximate da	te \\\ \alpha \\	o www bear 1	act
20. FETAL CAUSES	- 100	E VVO VE 1	
CAUSE OF STILLBIRTH State only morbid conditions			
causing fetal death (do NOT			
Prematurity, Asphyxia, etc.)		aceutae	<u> </u>
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
Water placental	- Sever	ourend	Jeline
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. 1	O., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	2000	uns	9-2-7.7
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNA	TURE OF AUTHORIZED OF	FICIAL TITLE
at Am.	attended by physician		
250 BURIAL. CREMA- 250 DATE 25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, tow	m, or county) (State)/
TIGH PREMOVAL (Brockly) Fib 9-15 Walle	r.s.	Mallor 21	wehood athe
PATE BEGIN BY LOCAL BEGINDANIS CLOSETURE	28 EUNERAL DIRECT		ADDRESS
1 155 REG. Land Dwer	1 ma Bur	v Va	lace Idoho
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PHS-797(VS) 4-48 FEDERAL SECURITY	, 1	MAR 24			Standard Certificate OF STILLBIF		State File	No. 143
PUBLIC HEALTH SERV	100	ision of Vital S			Ur SIILLBIR Idaho	KIH		No. 370
1. PLACE OF STII		тн			2. USUAL RESID a. STATE	ENCE OF I	MOTHER (Where b. COUNTY	does mother live?)
b. CITY (If outside on OR		nite, write RURAL and	rive township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOISE			
c. FULL NAME OF (HOSPITAL OR INSTITUTION		oepital or institution, given Alphonsus		ocation)	d. STREET	(If rural, giv 15 Grove		v
3. CHILD'S NAME ((Type or Print)		BABY GI	RL JONE	s				
	. THIS B		TRIPLET	,5b. IF T	WIN OR TRIPLET (Thise of	hild born) 6. 3RD	DATE OF (Mont STILLBIRTH Merch 5	
7. FATHER'S NAME		a. (First)		b. (Midd		c. (Last)	8. COLOR OR RACE White
9. AGE (At time of this t	birth)	Gordon 10. BIRTHPLACE (8)	D ate or foreign countr		JO3	TON NOT	1	BUSINESS OR INDUSTRY
	YEARS		laho		Carpenter		Buildir	
12. MOTHER'S MAIDEN NAME		a. (First) Mary	_	b. (Midd OU		c. (Last NS6N)	White
14. AGE (At time of this t	oirth)	15. BIRTHPLACE (S	ate or foreign countr	·y)				Do NOT include this child)
26	YEARS	Montbelie	c. Idaho		a. How many chil- dren are now living?	b. How man born alive bu	ny children were it are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
Meaul	K	. M	2us_	-	0	0		O ·
DENGTH OF PREG NANC WEEKS	7 18b.	WEIGHT AT BIRTH LBS. OZS.	¹⁹ .Was a sta Approxim	ndard ate da	serological test t	or syphilis	performed? 54	Yes
CAUSE OF STILLB State only morbid con	ditions	20a. FETAL CAUSES				/		
causing fetal death (do use such terms as Sti Prematurity, Asphyxia,	NOT llbirth, , etc.)	20b. MATERNAL CA	uses to no	7 -	toe			
21. STATE ANY COMPL	ICATION	S OF PREGNANCY	IND LABOR		22. STATE ALL OPER	ATIONS FOR I	DELIVERY	
Lone	- e	rept al	me		0			
I hereby certify attended the birth of child who was born	f this	23a. ATTENDAN	it's signati	. / /	ver (Specify if M. I	D., midwife, or	other)	236. DATE SIGNED 17 March 1955
on the date stated		23c. ATTENDANT'S	ADDRESS		If NOT 24. SIGNA physician	TURE OF AUT	HORIZED OFFICIA	L TITLÉ
25a. BURIAL, CREMA TION, REMOVAL (Specific	- 25 b.	DATE			Y OR CREMATORY		ON (City, town, or	county) (State)
Burial DATE REC'D BY LOCA REG	L REGI	7-55 STRAR'S SIGNATUR		TA ME	26. FUNERAL DIRECT		AL	DDRESS
3-22-55	17	legitle	Talm	erp	DELVEY YO	DOUAD		318 N. Latah
		(/			- RELYEA MO	n i uak e		Boise, Idaho



PHS-797(VS)	EC: 4949 Revision of	Standard Certificate	State Fil	e No. 044		
4-48 FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	MAR 24 CERTIFICATE	OF STILLBIF	(IH LOCKING	g. No71		
	sion of Vital Statistics State o	i Idaho	Reg. Dist	No. 370		
1. PLACE OF STILLBIR		2. USUAL RESID	ENCE OF MOTHER (Who	re does mother live?)		
Adı	В	a. STATE	b. COUNTY	Ada		
OR	limits, write RURAL and give township)	c. CiTY (If outside co	rporate limits, write RURAL and gi	ve township)		
TOWN	ois e	TOWN Bois	8			
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION St.	hospital or institution, give street address or location) Lukes Hospital	d. STREET (If rural, give location) ADDRESS 4002 Neel St.				
3. CHILD'S NAME	•					
((Type or Print)	BY GIRL LIND					
4. SEX 5a. THIS		TWIN OR TRIPLET (This o	hild born) 6. DATE OF (Mor	nth) (Day) (Year)		
Female single	X TWIN TRIPLET 1ST		sed StillBirth March			
7. FATHER'S NAME	a. (First) b. (Mid-	dle)	c. (Last)	8. COLOR OR RACE		
	Wyland E.	Line	1	White		
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY		
42 YEARS	Twin Falls, Idaho	Manager	Servic	e station		
12. MOTHER'S MAIDEN	a. (First) b. (Mid	dle)	c. (Last)	13. COLOR OR RACE		
NAME	Alice		Bradshaw	White		
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)		
31 YEAR\$	Maza, North Dakota	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	children were stillborn		
12-TREGIMANT	udmundsen	3	Ø	(born dead after 20 weeks pregnancy)?		
	. WEIGHT AT BIRTH 19 Was a standard	serological test f	or syphilis performed?	Yes No		
36 WEEKS	LBS. OZS. Approximate de	ate				
CAUSE OF STILLBIRTH	20a. FETAL CAOSES	1				
State only morbid conditions causing fetal death (do NOT	avaplo Visi	inis				
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CANSES	uin.				
21. STATE ANY COMPLICATIO	ONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY			
Merine &	emulage.	1				
I hereby certify that I	238. ATTENDANT'S SIGNATURE	(Specify if My))., midwife, or other)	23b. DATE SIGNED		
attended the birth of this child who was born dead	Marken	munder	w MA	3-17-55		
on the date stated above at	23c. ATTENDANT'S ADDRESSY	If NOT 24. SIGNATE STATE	TURE OF AUTHORIZED OFFICE	AL TITLE		
25a. BURIAL, CREMA- 25b TION, REMOVAL (Specify)	DATE 25c. NAME OF CEMETER	Y OR CREMATORY	2d. LOCATION (City, town, o	or county) (State)		
	-10-55 Cloverdale M	emorial Park	Boise D	la Idaho		
DATE REC'D BY LOCAL REC	GISTRAR'S SIGNATURE	26. FUNERAL DIRECT	OR A	DDRESS		
3-22-55 REG.	Reptle Talmer	Viss Ell	1/19/11 2	318 N. Lata		
	0	RELYEA MORT	UARX	Boise, Idaho		

PHS-797(VS) (1949 Revision of Standard Certificate) State File No									
	-	of Vital Statist	_	tate of		Reg. Dist	No.370		
I. PLACE OF S a. COUNTY					2. USUAL RESID	DENCE OF MOTHER (Who b. COUNTY	re dose mother live?) Ada		
OR	oorponste li Roj se	mits, write RURAL and	give township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise				
		hospital or institution.	ive atreet address or l	ocation)	d. STREET (If rural, give location) ADDRESS 1403 Rand				
3. CHILD'S NA (Type or Print	ME		Harvey	· · · · · · · · · · · · · · · · · · ·	<u>'</u>	io) italia			
4. SEX	5a. THIS I	BIRTH	[]	· -	WIN OR TRIPLET (This	child born) 6. DATE OF (Mon STILLBIRTH	nth) (Day) (Year)		
Female 7. FATHER'S	SINGLE		TRIPLET L.	IST L	2ND	aro ∐ Maj			
NAME	N.	a. (First)		b. (Midd	16)	c. (Last)	8. COLOR OR RACE White		
9. AGE (At time of th		10. BIRTHPLACE (S	State or foreign count	ry)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY		
37	YEARS	Oaklahom			Boise Wate	t e e e e e e e e e e e e e e e e e e e			
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)	c. (Last)	13. COLOR OR RACE		
NAME		Imogene			F	Insey	White		
14. AGE (At time of the	is birth)	15. BIRTHPLACE (8	State or foreign count	ry)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER	(Do NOT include this child)		
32 17. INFORMANT	YEARS	Oaklahom	9		a. How many children are now living? #Three	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?		
1) sel	V.V	mey			,, = = = = = = = = = = = = = = = = = =				
18a. LENGTH OF PR NAI WEEKS	NCY	WEIGHT AT PATH LBS. OZS.	19 Was a sta Approxim	andard nate dat	serological test i	or syphilis performed?	Yes No		
CAUSE OF STILI		20a. FETAL CAUSE	S		7	eq. 11, 175	4		
State only morbid o	onditions		elun		Combelia	al Coul	/		
causing fetal death use such terms as Prematurity, Asphyr	Stillbirth,	20b. MATERNAL C	AUSES			,			
21. STATE ANY COM	PLICATION	IS OF PREGNANCY	AND LABOR		22, STATE ALL OPER	ATIONS FOR DELIVERY			
I hereby certify attended the birth		23a. ATTENDAL	NT'S SIGNATI	HE /	(Specify if M.)	O., midwife, or other)	23b. DATE SIGNED		
child who was bo on the date state	rn dead d above	23c. ATTENDANT'S	ADDRESS	0	If NOT 24. SIGNA attended by	TURE OF AUTHORIZED OFFICIA	AL TITLE		
at	m.	Daes	762	<u>a </u>	physician				
25a. BURIAL, CREM TION, REMOVAL (8pe		DATE			OR CREMATORY	25d. LOCATION (City, town, or			
Burial DATE REC'D BY LOG		rch 16 195 Istrar's signatur		1111	26. FUNERAL DIRECT		Idaho opress		
	EG. T	nutt.	" Talx	nes		or AcCann-GibsonBo			
		7			Pind	S. Dilmon			

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PHS-797(VS) RECE		(1949 Revision of	Standard Certificate	e)	State File	No 046
4-48 FEDERAL SECURITY AGE PUBLIC HEALTH SERVICES	NEY	CERTIFICATE	•	•	Local Reg	
PUBLIC HEALTH SENTENT	9 1955	State of		X 1 1 1		No. 370
Division of	Vital Statistic	Sidie O				
1. PLACE OF STILLBIF a. COUNTY	M. Janes		2. USUAL RESID			e does mother live?)
ADA			a. SIAIE IDA	AHO .	b. COUNTY	ADA
b. CITY (If outside corporate it	imits, write RURAL and	give township)	c. CITY (If outside of OR	orporate limita, write	RURAL and give	township)
town BOISE,			TOWN	BOISE		
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION ST.	hospital or institution, give	ve street address or location)	d. STREET	(If rural, give lo	ocation)	
INSTITUTION ST.	LUKE'S HOS	SPITAL	ADDRESS 10)19 Longm	ont St.,	Apt.#2
3. CHILD'S NAME						
(Type or Print) Bab	y Girl Ha	skins				
4. SEX 5a. THIS	<u> </u>		WIN OR TRIPLET (This o	Fild book 6 DA	TE OF (Mon	th) (Dom) (Year)
female SINGLE	- · · · · · •		7 (7)		LLBIRTH .	, , , , , , , , , , , , , , , , , , , ,
7. FATHER'S	a. (First)	TRIPLET L IST L		3RD L	Mar	ch 21, 1955
NAME		b. (Midd	•	c. (Last)		8. COLOR OR RACE
·	CHARLES	LAVERNE		HASKINS		white
9. AGE (At time of this birth)	10. BIRTHPLACE (St	tate or foreign country)	11a. USUAL OCCUPAT	TION		BUSINESS OR INDUSTRY
22 YEARS	Idaho		Student		Boise J	Munior College
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	•	c. (Last)		13. COLOR OR RACE
NAME	BETTY	JEAN		RUDOLPH		white
14. AGE (At time of this birth)	15. BIRTHPLACE (8)	tate or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO	THIS MOTHER (Do NOT include this child)
20 YEARS	Idaho		a. How many chil-	b. How many born alive but a		c. How many OTHER
7. INFORMANT			dren are now living?	born alive but a	re now dead?	children were stillborn (born dead after 20 weeks
ar mlos T	Haskins		0	0		pregnancy)?
Charles L.	WEIGHT AT BIRTH	1 10		<u> </u>		0
NANCY	_	¹⁹ Was a standard Approximate da	serological test f	or syphilis p	erformed?	Yes No
28 WEEKS 2	LBS. 6 OZS.		" of the	7. , (·	95 L	
CAUSE OF STILLBIRTH	20a. FETAL CAUSES		1			
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,		una	cown			
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA	JUSES				
		unker	www			
21. STATE ANY COMPLICATION	IS OF PREGNANCY A	IND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	.IVERY	
MA	al					
I hereby certify that I	23a. ATTENDAN	IT'S SIGNATURE	(Specify if M. I)., midwife, or oth	ner)	23b, DATE SIGNED
attended the birth of this		WiB.	(Laa.	· · · · · · · · · · · · · · · · · · ·	ms	3-22-0
child who was born dead on the date stated above	23c. ATTENDANT'S	ADDRESS	If NOT 24. SIGNAT	TURE OF AUTHO	PIZED OFFICIAL	L TITLE
	12.		attended by physician	IUNE OF AUTHO	MIZED OFFICIAL	L, 1111.E.
25 BURIAL CREMA- 25b	DATE	25c. NAME OF CEMETERY		254 LOCATION	(Clt- 4	
FION, REMOVAL (Specify)	-23-55		S HOSD.	25d. LOCATION	e. Idal	
	ISTRAR'S SIGNATURE		26. FUNERAL DIRECTO	OR		DRESS
7-24-55 REG. 7	neutle.	Homes	The Man	um. Cin	at ad	ministrato
	· Marie	1 WALKER	000 1000	· · · · · · · · · · · · · · · · ·	an car	indicate the
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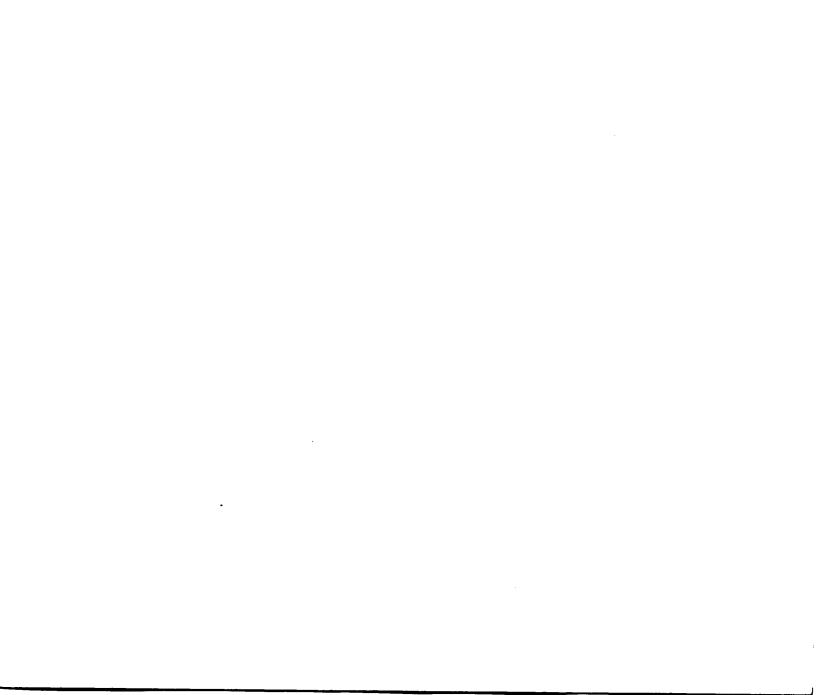
PHS-797(VS)	CEIL	(1949 Revision of	Standard Certificate		No
FEDERAL SECURITY AC	新 PFY 1 is :>	CERTIFICATE	OF STILLBIF		g. No94
PODLIC HEALTH SERVICE	LLTT	State of	Idaho	Reg. Dist	. No. 3 70
I. PLACE OF STINI	ne of Vital		2 USUAL RESID	ENCE OF MOTHER (When	don makes (feet)
a. COUNTY			a. STATE Took	b. COUNTY	ada
b. CITY (If outside corpora	te limite, write RURAL and	give township)	c. CiTY (If outside co	rporate limits, write RURAL and giv	
TOWN Boise			TOWN 130:5		
c. FULL NAME OF (If not HOSPITAL OR	in hospital or institution, gi	ve street address or location)	d. STREET	(If rural, give location)	
MOSTITUTION ST L	ukes Hospita	Training School	ADDRESS //	19 Denver 3	\mathcal{L}
3. CHILD'S NAME		. 0			
(Type or Print)	ou oirl Ke	nt			
4. SEX 5a. TH	IS BIRTH	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DATE OF (Mor	nth) (Day) (Year)
E SINGI	E X TWIN	TRIPLET 1ST	2ND	3RD STILLBIRTH 3	31 55
7. FATHER'S NAME	a. (First)	b. (Midd	-,	c. (Last)	8. COLOR OR RACE
	Lawrenc	و ڏي	gene	Kent	W
9. AGE (At time of this birth)	10. BIRTHPLACE (S	itate or foreign country)	11a. USUAL OCCUPAT	ION 11b. KIND O	F BUSINESS OR INDUSTRY
32 YEAR	s Ida	ho	Jaksman	Larry 6	Parnes Cheurolet Co
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME King	Lona	F_a,	u e	Kent	W
14. AGE (At time of this birth)	15. BIRTHPLACE (8	itate or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
36 YEAF	S Oreg	an	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	O		_		(born dead after 20 weeks pregnancy)?
	<u>ugene Kent</u>		3	5	1
18a. LENGTH OF PREG- NANCY 3 WEEKS	8b. WEIGHT AT BIRTH # LBS. 3 OZS.	19 Was a standard Approximate dat	serological test f	or syphilis performed?	YesNo
CAUSE OF STILLBIRT	20a. FETAL CAUSES	5 / 1 /	1 11	-	
State only morbid condition	ne	Kr yet	roble	esuses	
causing fetal death (do NO use such terms as Stillbirt Prematurity, Asphyxia, etc.)	h, 20b. MATERNAL CA	AUSES 💮	1		
Tromaturey, Aspayam, 000.			h ne	1	
21. STATE ANY COMPLICAT	IONS OF PREGNANCY	AND LABOR	22. STATE ALL OPER	TIONS FOR DELIVERY	
Huze	Place	rela			
I hereby certify that		T'S SIGNATURE	(Specify if M. I)., midwife, or other)	23b. DATE SIGNED
attended the birth of the	$d \mid A \mid A \mid$. Vatte	team		13-31-55
on the date stated abou	e 23c. ATTENDANT'S		If NOT 24. SIGNAT	TURE OF AUTHORIZED OFFICIA	AL TITLE
at m.		<u> </u>	physician		
25a. BURIAL, CREMA- 2 TION, REMOVAL (Specify)	Sb. DATE	25c. NAME OF CEMETERY		25d. LOCATION (City, town, or	county) (State)
<u>eremetion</u>	3-31-55		s Hosp.	<u> Boise. Idah</u>	
DATE REC'D BY LOCAL REG.	EGISTRAR'S SIGNATUR		26. FUNERAL DIRECTO	· // # 0	DDRESS
4-4-55	Myelle	almer	Tra Ma	you dock c	aminolate
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PHS-797(VS)			•	Standard Certificate	,	No
FEDERAL SECUR PUBLIC HEALTH SE	WIEL .	('1 ' 1355	CERTIFICATE		(IM Local Rep	No.300
Dir	ision of	Vital Stair	State of			
1. PLACE OF S a. COUNTY		RTH			ENCE OF MOTHER (When	
A	dams			a. STATE Idal	no b. COUNTY	Adams
I OR	e corporate li	imita, write RURAL an	d give township)	II OR	rporate limits, write RURAL and giv	e township)
	<u>ounci</u>		·····	TOWN Meac	lows	
INSTITUTION	Coun		rive street address or location) unity Hosp.	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NA ((Type or Print		INFANT G	IRL DAUGHERT	ΓY		
4. SEX	5a. THIS	BIRTH	5b. IF 7	WIN OR TRIPLET (This o		
emale	SINGLE	X TWIN	TRIPLET 1ST	2ND	3RD STILLBIRTH 3	- 26-1955
7. FATHER'S NAME		a. (First)	b. (Mide	lle)	c. (Last)	8. COLOR OR RACE
	A	UDREY	LA VERI	V D	AUGHERTY	White
9. AGE (At time of the	nis birth)	10. BIRTHPLACE	State or foreign country)	11a. USUAL OCCUPAT		BUSINESS OR INDUSTRY
## 45	YEARS	****	#Warren, Ohi	Bo Laborer). Lumbe	ring
12. MOTHER'S MAIDEN		a. (First)	b. (Mide	ile)	c. (Last)	13. COLOR OR RACE
NAME	I	RENE	ELSIE	THO	OMPSON	White
14. AGE (At time of the	in birth)	I _	State or foreign country)		OUSLY BORN TO THIS MOTHER	
40	YEARS	Altoona	.Pa.	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	PIN	augherty	14444	10	1	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PR V NA 34 WEEKS		WEIGHT AT BIRTH LBS. OZS		serological test f	or syphilis performed?	Yes No
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSE	es ()			
State only morbid	conditions	Cere	beal and	exia		
causing fetal death use such terms as Prematurity, Asphy:	Stillbirth, xia, etc.)	20b. MATERNAL C	nonce &	nbalum		
21. STATE ANY CON	PLICATION	NS OF PREGNANCY	AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
			()	mil	Joneps.	
I hereby certif	y that I	23a. ATTENDA	NT'S SIGNATURE	(Specify if M. I	midwife, or ther)	23b. DATE SIGNED
attended the birth child who was bo	r of this		unaid	10 ra	who	1 an 55
on the date state		23c. ATTENDANT'S		If NOT 24. SIGNA	TURE OF AUTHORIZED OFFICIA	L TITLE
at 6:35 P		Council,		physician		
25a. BURIAL, CREITION, REMOVAL (Spe	edfv)	April 1955	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, town, or Meadows, Ide	
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATU	·····	26. FUNERAL DIRECT	77)	DRESS
1 April-55	CCG.	The	h-	K. Kleel	nomal Cive is	ser,Idaho.
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PHS-797(VS) REC 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		State File No
1. PLACE OF STILLBIRTH a. COUNTY	2. USUAL RESIDENCE a. STATE	DE OF MOTHER (Where does more live?)
Benewah	Ska	no Denewal
b. CITY (II outside corporate limits, write RURAL and give township) OR TOWN TOWN	c. CITY (If outside corpora OR TOWN	minite, write RURAL and give township)
c. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION	d. STREET (1) ADDRESS	frural, give location)
3. CHILD'S NAME		
((Type or Print) Infant Scho	wang	
4. SEX 5a. THIS BIRTH 5b. IF TO SINGLE TWIN TRIPLET 1ST	WIN OR TRIPLET (This child b	orn) 6. DATE OF (Month) (Day) (Year) STILLBIRTH 3 /8 /95-5
7. FATHER'S a. (Eirst) b. (Midd)	le)	2. (Last) 8. COLOR OR RACE
Hilliard Cha	rles Si	hwang W
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 3 4 YEARS ATTACK Wite	11a. USHAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME NAME Doil	ale m	c. (Last) 13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSL	Y BORN TO THIS MOTHER (Do NOT include this child)
32 YEARS Portage, Wise		How many children were c. How many OTHER nalive but are now dead? children were stillborn
17 INFORMANT		(born dead after 20 weeks pregnancy)?
H.C. Schwanz.	4	0
18a. LENGTH OF PREGNANCY WEEKS LBS. OZS. Approximate da	serological test for	syphilis performed Yes
CAUSE OF STILLBIRTH State only morbid conditions	lood vo	Pume,
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphysia, etc.)	0.00 -1.00	1 seves a la salar
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIO	NS OR DELIVERY
P. Dr. auto browning		V
I hereby certify that I 23a. A TENDANT'S SIGNATURE	(Specify if M. D., m	didwife, or other) 23b. DATE SIGNED
attended the birth of this child who was born dead	10000	F OF AUTHORIZED OFFICIAL TITLE
on the date stated above 23 ATTENDANT'S ADDRESS at	If NOT attended by physician	OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER' TION REMOVAL (Specify) 3- 19-55 Woodle		LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	26. FORERAL DIRECTOR	ADDRESS CO.
May 1955 Vivian Subson	Derall 6	& Drowning It Myce
X		Soloh



RECEI	VID				n	50
PHS-797(VS) APR A	L `1[]]	•	rd Certificate)	State	e File No	
PUBLIC HEALTH SEVERIOR OF VI	CERTIFICA		TILLBIRTH	Loca	l Reg. No,	4
DIVIGION OF AN	St	ate of Idah	•	Reg.	Dist. No4	. <u>// 0</u>
1. PLACE OF STILLBIRTH a. COUNTY	line	2. US a. S	JAL RESIDENC	E OF MOTHER b. COU	Where does prother	live?)
b. CITY (If outside corporate limits, was OR TOWN	RURAL and give township)	11 (TY (If outside corporate)R	dimite, write RURAL	and give township)	<u> </u>
C. FULL NAME OF (If nor in hospital of HOSPITAL OR INSTITUTION	or institution, give street address or los	eation) d. Si	REET (III	rural, give location)		
3. CHILD'S NAME ((Type or Print) AL	an de	e. (Peak			
4. SEX 5a. THIS BIRTH Make SINGLE	TWIN TRIPLET		TRIPLET (This child bo	6. DATE OF STILLBIRTH	(Month) (Day	خسرسن
7. FATHER'S a. (F NAME	enty,	. (Middle)		c. (Last)	8. COLOR	
9. AGE (At time of this birth) 10. BY	RTHPLACE (State or foreign country	ho 11a. US	UAL OCCUPATION	11b. KI	ND OF BUSINESS O	OR INDUSTRY
2. MOTHER'S MAIDEN NAME	elen K	(Middle)	ne 7	c. (Last)	13. COLÔR	OR RACE
4. AGE (At time of this birth) 15. But	RTHPLACE (State or foreign country		LDREN PREVIOUSLY	BORN TO THIS MO		
7. INFORMANT	rachane, Ida	a. How dren ar	many chil- e now living? born	ow many children alive but are now de	ead? Ichildren w	any OTHER ere stillborn
Mrs. Helen C	Peak, Mache	_	0	0	(born dead pregnancy)	after 20 weeks
Ba. LENGTH OF PREGNANCY NANCY LBS.	OZS. 19 Was a star	ndard serolo ite date	gical test for s	philis perform	ed? Yes	. No
tate only morbid conditions	ETAL CAUSES					
susing fetal death (do NOT se such terms as Stillbirth, rematurity, Asphyxia, etc.)	IATERNAL CAUSES JOKA	mie	of mig	nancy		
I. STATE ANY COMPLICATIONS OF P	REGNANCY AND LABOR	22. STA	TE ALL OPERATIONS	FOR DELIVERY		/ .
Pri l'élouple	syndrone		nou	- Spon	lacuous	pu
ttended the birth of this hild who was born dead	JAN K. MA		Specify if M. D., mid $\mathcal{M} \mathcal{D}$	•	23b. DATE :	SIGNED
t m. //	Sun Vally 6	If NOT attended physicis	D. D. D.	OF AUTHORIZED OF	FFICIAL	TITLE
ia. BURIAL, CREMA- 25b. DATE On REMOVAL (Brootly) Lyanum 3/6	25c. NAME OF CE	r Valley	Idaho	OCATION (City, to	wn, or county)	(State)
Trel 30-1955 Work	s signature. en IV. Wrigh-p	26/FUN	ERAL DIRECTOR		ADDRESS	
	OUB	γ.				_

PHS-797(VS)			* - **	051
		Standard Certificat	State Fi	le No
FEDERAL SECURITY ACTION 2 1 1955	CERTIFICATE			g. No. 3.6
Division of Vital Stati	State of		<u> </u>	t. No
1. PLACE OF STILLBIRTH a. COUNTY			ENCE OF MOTHER (Wh	e e des mother live?)
- Pomeville				Donneville
b. CITY (If outside corporate limits, write RURAL and OR TOWN dans Falls	give township)	c. CITY (If outside of OR TOWN	accepted limits, write RURAL and gr	ive township)
c. FULL NAME OF (If not in hospital or institution, glv HOSPITAL OR INSTITUTION	-	d. STREET ADDRESS	(If rural, give location)	Z
3. CHILD'S NAME	7,741.	<u> </u>	noue	
((Type or Print) Gab 9	•	59an.		
4. SEX 5a. THIS BIRTH Temale SINGLE TWIN		WIN OR TRIPLET (This o	STILLBIRTH -	onth) (Day) (Year)
7. FATHER'S a. (First)	TRIPLET IST		c. (Last)	8. COLOR OR RACE
NAME Merlan	How	ard	Egan	11/h:170
9. AGE (At time of this birth) 10. BIRTHPLACE (St		11a. USUAL OCCUPAT		OF BUSINESS OR INDUSTRY
43 YEARS Shell	ON - Idako	Farme	P ~	
12. MOTHER'S a. (First)	(Midd	ile)	c. (Last)	13. COLOR OR RACE
NAME Lag	18474		Durani	white
14. AGE (At time of this birth) 15. BIRTHPLACE (8t		a. How many chil-	DUSLY BORN TO THIS MOTHER	
17. INFORMANT	daho	dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
Meslin Howard	0604	5	None-	pregnancy)?
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis performed?	
WEEKS LBS. OZS.	Approximate da	te	- Dyponia policimou.	100
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	2/ 1	1	•//	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CA	protes	concres	<u> </u>	
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	USES 9/	, mine	/ ,	
21. STATE ANY COMPLICATIONS OF PREGNANCY A	ND LABOR	22 STATE ALL OPERA	TIONS FOR DELIVERY	
Nin		1	THORS FOR BELIVERY	
I hereby certify that I 23a. ATTENDAN attended the birth of this	T'S SIGNATURE	(Special if M. I	., midwife, or other)	23b. DATE SIGNED
child who was born dead		nu m		13-9-33
at m. Idsho For	1/3 18010	If NOT attended by physician	URE OF AUTHORIZED OFFICE	AL TITLE
25a BURIAL, CREMA- 25b. DATE TION, REMOVAL (Specify)	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town, o	r county) (State)
-remation //arch silving			Ideno F	alls Idaho
DATE REC'D BY LOCAL REGISTRATE'S SIGNATURE	RI	26. FUNERAL DIRECTO	OR Man	DDRESS
March 15-1855 Kma/	sugges !	y sis a.	/ Kleismo	- dano talls,
	71			

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PHS-797(VS) (1949 Revision of					
PHS-797(VS) (1949 Revision of	Standard Certificate)	State File N	0.82		
FEDERAL SECURITY AGENCY GET CERTIFICATE	OF STILLBIRTH	Local Reg. 1	Vo. 5-7		
State of	if Idaho	Reg. Dist. N	10		
I. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF	F MOTHER (Where d	oes mother live?)		
a. COUNTY CANYON	a. STATE DASA	b. COUNTY	PANYON		
b. CITY (If outside corporate limits, write RURAL and give township)	c. CiTY (If outside corporate limits	s, write RURAL and give to			
TOWN CAldwell	TÖÜN MAR	Siva			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR	d. STREET (If rural, ADDRESS	give location)	,		
INSTITUTION CAI dwell / lemoRial	Den	v. DE/.			
((Type or Print)	/ /	7			
4. SEX 5a. THIS BIRTH 15b. IF	EY	ISHON			
		6. DATE OF (Month) STILLBIRT	(
7. FATHER'S a. (First) triplet b. (Mice		FIIAR			
NAME 7/2 - 4/2	\bigcap		COLOR OR RACE		
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF B	USINESS OF INDISTRY		
34 YEARS MISSONE!	TRUCK - driver	1	- Le .: L Trace		
12. MOTHER'S (First) b (Mic			3. COLOR OR RACE		
MAIDEN COUNTA ST	fie De	bon	1115.75		
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BOR				
-28 YEARS COLORADO	a. How many chil- b. How redren are now living? born alive	nany children were country but are now dead?	. How many OTHER hildren were stillborn		
17. INFORMANT		1 (born dead after 20 weeks regnancy)?		
Jeans Mother	3	0	2		
184 LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard	serological test for syphi	lis performed? Y	es No		
20 WEEKS / LBS. 3 OZS. Approximate de	ite December, 10	954			
CAUSE OF STILLBIRTH State only morbid conditions Prematurity and int		placenta			
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES					
Prematurity, Asphyxia, etc.)	Placenta				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR	R DELIVERY			
JORUPTIO PLACENTO	Casarean Section		TERECTOMY		
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife,	or other) 2	Bb. DATE SIGNED		
attended the birth of this child who was born dead	ever M. Q		3/30/55		
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNATURE OF A	JTHORIZED OFFICIAL	TITLE		
at 9:40 am m. Celdwell, Dolaho	physician				
25a LEURIAL CREMA- 25b. DATE 25c. NAME OF CEMETER TION, REMOVAL (Specify)	Y OR CREMATORY 25d. LOCA	TION (City, town, or co	inty) (State)		
March 27,195% Conyon	Tuel /	Caldwell	Idaho		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADD	RESS		
7-000 Cames / Dumman	Peckhan-Dakan	o gald	well, Idaho		
U		echt.	2001 -		

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PHS-797(VS)	(1949 Revision of	Standard Certificate	s) State File	053
4-48 FEDERAL SECURITY AGENCY	K 1332	OF STULBIE	TH Local Re	281.
PUBLIC HEALTH SERVICE DIVISION	a of Vital Statistics State of	Tacks	Reg. Dist	
1. PLACE OF STILLBIRTH a. COUNTY		2. USUAL RESID	ENCE OF MOTHER (When	e dose mother live?)
Cassia		a. STATE Idal	b. COUNTY	Cassia
b. CITY (If outside corporate limits,	write RURAL and give township)	c. CITY (If outside co	rporate limits, write RURAL and giv	
OR TOWN Burley		OR TOWN	Burlev	
C. FILL NAME OF Of not in housi	ital or institution, give street address or location)	d. STREET	(If rural, give location)	
HOSPITAL OR	ge Hospital	ADDRESS	66 Albion Ave.	
3. CHILD'S NAME	<u> 105011 a1 </u>	100	O AID TOIL TVE.	
(Type or Print)				
<u>Dani</u>		···		
4. SEX 5a. THIS BIRT	H5b. IF T	WIN OR TRIPLET (This o	I STILL PIDTU	
Male single X	TWIN TRIPLET IST	2ND	Ma	ech 17, 1955
7. FATHER'S a.	. (First) b. (Midd	le)	(Last)	8. COLOR OR RACE
Josep	∍ħ J.	Rowl	a n	White
9. AGE (At time of this birth) 10.	BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
48 YEARS TO	olley. N. Dakota	Salesman		
	(First) b. (Midd		c. (Last)	ENCES 1 13. COLOR OR RACE
MAIDEN	, , , , , , , , , , , , , , , , , , , ,	,		
			<u> Hans</u>	White
l.	BIRTHPLACE (State or foreign country)		OUSLY BORN TO THIS MOTHER	
	ff City, Mo.	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17 INFORMANT	lan			(born dead after 20 weeks pregnancy)?
	lane			
184. LENGTH OF PREG- 18b. WEI	IGHT AT BIRTH 19 Was a standard	serological test f	or syphilis performed?	Ves L No
	BS. OZS. Approximate dat	te DAF.	1954	1
CAUSE OF STILLBIRTH 208	a. FETAL-CAUSES			1
State only morbid conditions	Tank will have		1 1 10 100	2. Hed and State
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	b. MATERNAL CAUSES	meren	and of Cars	s of all less
Prematurity, Asphyxia, etc.)	Dame		/)	
21. STATE ANY COMPLICATIONS O	E PRECNANCY AND LARGE	22 STATE ALL OPENA	ATIONS FOR DELIVERY	
ZI. STATE ANT COMPERCATIONS O	F FREGNANCI AND LABOR	2. STATE ALL OPERA	THORS FOR DELIVERY	
nor		1 n	one	
	ATTENBANT SIGNATURE	(Specify if M. I	., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	-m.d	elly		3-17-55
on the date stated above 230	. ATTENDANT'S ADDRESS	II NOT 24. SIGNAT	URE OF AUTHORIZED OFFICIA	L TITLE
at m.	/	attended by physician		
25a. BURIAL, CREMA- 25b. DAT TION, REMOVAL (Specify)	E 25c. NAME OF COMETERY	OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Eurial 3/1		ie w	Burley. Ida	
DATE REC'D BY LOCAL REGISTR	RAR'S SIGNATURE	26 FUNER DIRECTO	(4)	DDRESS
3/21/55 ^{REG.}	\sim		41-12	D .
3/61/33 1	umme 11 pasan	> Jun	m Jayre	Burley, Ida ho
	r	()	Ú	

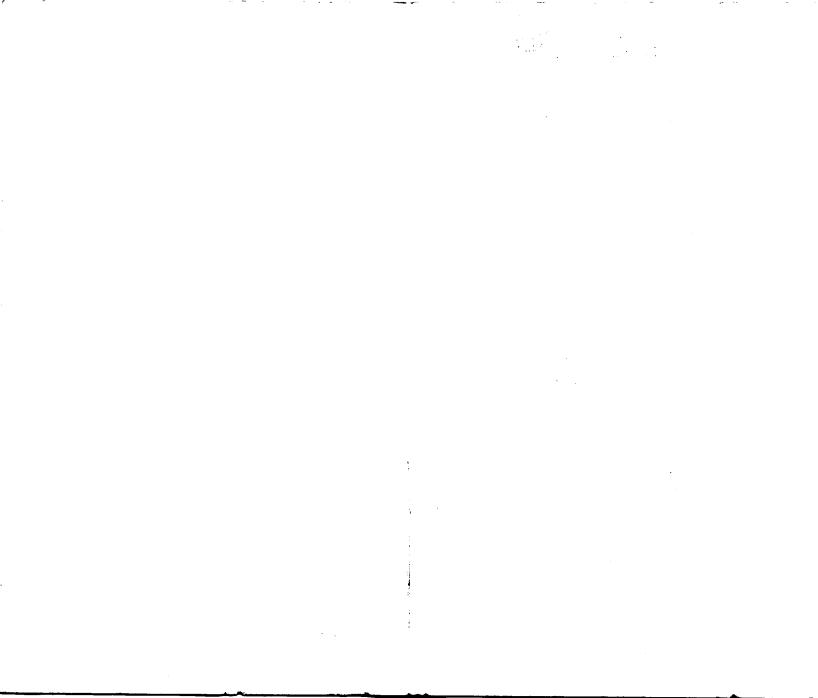
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PHS-797(VS)	RECEIV	E(1949 Revision of	Standard Certificate	· :)	State File		055
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	∾cγAPR18 i 9	SERTIFICATE (OF STILLBIF	RTH	Local Reg.		(7
D	ivision of Vital S	statistics State of	Idaho		Reg. Dist.	No24	
1. PLACE OF STILLBIR			2. USUAL RESID	ENCE OF MO		does mother live	7)
a. COUNTY La	atah		a. STATE Was	h.	b. COUNTY	Whitman	
b. CiTY (If outside corporate li	imite, write RURAL and g	ive township)	c. CITY (If outside co			township)	
TOWN Mose	COW		town Pa	louse Rt.	3		
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION Gr	hospital or institution, giv itman Hospi		d. STREET ADDRESS	(If rural, give lo	mation)		
3. CHILD'S NAME							
(Type or Print)	Baby Boy	Z Elliott					
4. SEX 5a. THIS	BIRTH	5b. IF T	WIN OR TRIPLET (This c	hild born) 6. DAT	E OF (Mont LBIRTH	h) (Day)	(Year)
Male single	X TWIN	TRIPLET 1ST	2ND	3RD	Mar Mar	ch 1	1955
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OF	
TYPING.	Francis	М.		Elliott		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (St	ate or foreign country)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR	INDUSTRY
25 years	Washin	gton	Farmer				
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR O	R RACE
NAME	Mary			Platt		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (St	ate or foreign country)	16. CHILDREN PREVIO				
25 YEARS	England		a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many children wer	e stillborn
17. INFORMANT						(born dead aft pregnancy)?	er 20 weeks
Francis El	liott		2	0		0	
18a. LENGTH OF PREGNANCY NANCY 5	LBS. 14 OZS.	¹⁹ Was a standard Approximate da		lor syphilis p ber, 195 ¹		YesXX	No
CAUSE OF STILLBIRTH	20a. FETAL CAUSES		•				
State only morbid conditions causing fetal death (do NOT		tillhirth, car	use unknown.				
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA	USES			·		
21. STATE ANY COMPLICATIO	NS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY		
I hereby certify that I	23a. ATTENENN	T'S SISMATURE	(Specify if M.]	D., midwife, or oth	ner)	23b. DATE SI	GNED L.L
attended the birth of this child who was born dead	60	Klas	ren Y	<i>11</i>		7.12	2.00
on the date stated above	23c ATTENDANT'S	ADDRESSO (If NOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L Č	TITLE
at 12:00 noom	11/6000	······································	physician				
25a. BURIAL, CREMA- 25b TION, REMOVAL (Specify)	. DATE	25c. NAME OF CEMETER		25d. LOCATION			(State)
Cremation 3	<u>-5-1955</u>	Hazen & Jae,	ger	Spokar Spokar			Wash.
DATE REC'D BY LOCAL REG.	GISTRAR'S SIGNATURI	• — — — — — — — — — — — — — — — — — — —	26. FUNERAL DIRECT			DRESS	.
4/14/55	Card 6 6	Lugel	David R.	Tate		Moscow,	Idaho

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PHS-797(VS)	7 5	CEIVE	(1949 Revision of	Standard Couts Cout		056
4-48	RITY AG	APR 1 3 1955	CERTIFICATE	OE STUIDIE	Stat	e File No
PUBLIC HEALTH SI	ERVICE			O. D.ILLDII	/	l Reg. No
	DIVIS	ion of Vital Stat	istica State of	Idaho	ræg.	Dist. Noasas
1. PLACE OF S	TILLBIF	ТН		2. USUAL RESID	ENCE OF MOTHER	
a. cookiii	Nez	Perce		a. STATE Wa.s	hington b. col	Asotin
b. CITY (If outsid	ie corporate l	imits, write RURAL and	give township)	c. CITY (If outside of	rporate limits, write RURAL	
TOWN	Lew	iston	•	TOWN C	larkston	
c. FULL NAME C	OF (If not in	hospital or institution, gi	ve street address or location)	d. STREET	(If rural, give location)	
INSTITUTION		. Joseph Ho		ADDRESS	1320 Billuns	
3. CHILD'S NA	ME			· · · · · · · · · · · · · · · · · · ·	roco nerrups	
(Type or Prin	t)	T C	ABY WEBSTER			
4. SEX	5a. THIS			WIN OR TRIPLET (This o	hild hom) 6 DATE OF	(Month) (Day) (Year)
Female	SINGLE	X TWIN			STILLBIRTH	(Month) (Day) (Year)
7. FATHER'S	SINGLE	a. (First)	TRIPLET L 1ST L b. (Midd			rch 19, 1955
NAME		, ,		10)	c. (Last)	8. CÓLOR OR RACE
9. AGE (At time of t		Robert	Hugh		Webster	White
J. AGE (At time of t		U. BIRTHPLACE (S	tate or foreign country)	11a. USUAL OCCUPAT	10N 11b. K	IND OF BUSINESS OR INDUSTRY
31	YEARS	Fargo.	North Dakota	Coin Machin		
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME		Marion		inne	Nelson	White
14. AGE (At time of the	his birth)	15. BIRTHPLACE (8				THER (Do NOT include this child)
<u> </u>	YEARS	Troy,	Idaho	a. How many chil- dren are now living?	 b. How many children born alive but are now d 	ead? children were stillborn
17. INFORMAN	$\Sigma V = I$		0)1			(born dead after 2º weeks pregnancy)?
	<u> 4</u>	us you	ch Wales	2	None	None
18a. LENGTH OF PR	REG- 18b. NCY	WEIGHT AT BIRTH	¹⁹ Was a standard	serological test f	or syphilis perform	ned? Yes
→ WEEKS	3	LBS. OZS.	Approximate dat	te	-	
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSES				
State only morbid	conditions	<u> </u>	why.	1000		
causing fetal death use such terms as Prematurity, Asphy:	Stillbirth,	20b. MATERNAL CA	USES		R	1
Trombtarity, 120phy	210, 000.)	Ru	natural	Jan	lun st	risla
21. STATE ANY COM	MPLICATION	NS OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	TIONS FOR OFLIVERY	
		N/			ν	
I hereby certif	y that I	23a. ATTENDAN	775 SIGNATURE	(Specify if M. I	., midwife, or other)	23b. DATE SIGNED
attended the birth	h of this	Sol.	IN I	James	IM D	DMA 405-
child who was be on the date state		23. ATTENDANT'S	ADDRESS		URE OF AUTHORIZED O	FFICIAL TITLE
at	m.	1647 (V	Jahr Mes	attended by physician		7 1 1 Ballo
25a. BURIAL, CREI	M A- 25b.	DATE	25c. NAME OF CELETERY		25d. LOCATION (City, to	wn, or county) (State)
TION, REMOVAL (8pe	ecify)	0/03/55				
DATE REC'D BY LO		3/21/55 ISTRAR'S SIGNATURE	Vineland	26-TUNERAS ENRECTO	Clarksto	on, Washington
	REG.)		26-TUNEDA DIRECTO	1 1	ADDRESS
7-0-55	 ' //	ancy K	chain	184. IN	urant_	<u>Clarkston, Washi</u> ngt
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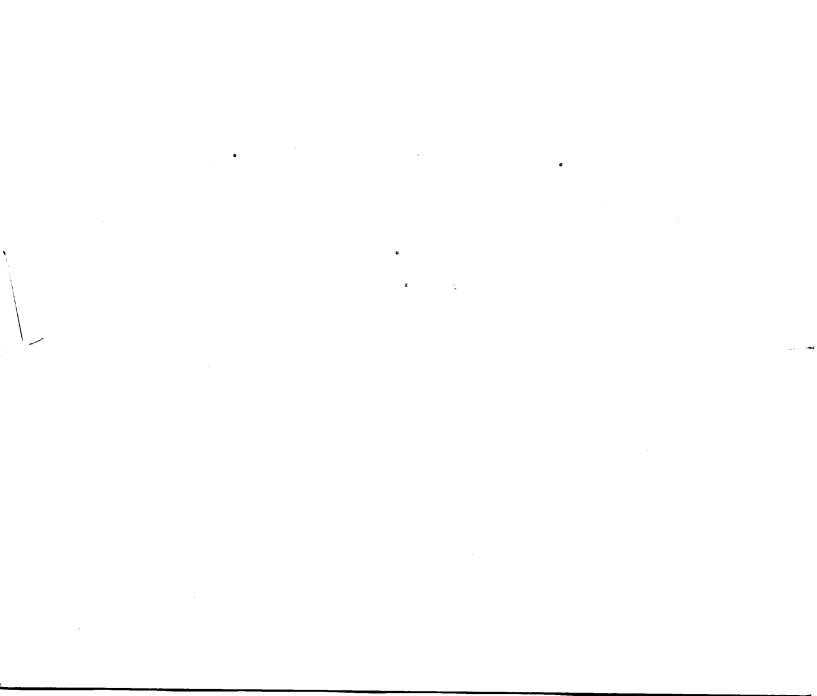


PHS-797(VS) 4-48 FEDERAL SECURITY AGEN		-	Standard Certificate OF STILLBIR	•	State File	No No	<u>057</u>
PUBLIC HEALTH SERVICE		State of		KIN.		No	
c. FULL NAME OF (If not in h	TH RECE!	1955	2. USUAL RESID	aho rporate limits, write	OTHER (Where b. COUNTY c RURAL and give	does mother live?)
3. CHILD'S NAME ((Type or Print) 4. SEX 5a. THIS 6	Baby Girl	Barne	Y WIN OR TRIPLET (This c	Is Da	TF 05		
Female single		I ST	7 🗔	ST.	TE OF (Mont		(Year) 1955
7. FATHER'S	a. (First)	b. (Midd		c. (Last)	Ivier I	8. COLOR OR	
NAME	Argie	Earl		Barne	\mathbf{y}	White	•
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign cou	ntry)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR	
18 YEARS	St.Anthony Idaho		Unemplo	ved		- ···	
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd	•	c. (Last)		13. COLOR OR	RACE
14. AGE (At time of this birth)	Janet 15. BIRTHPLACE (State or foreign cou	Elair	16. CHILDREN PREVIO	Regan	THIS MOTHER (White Do NOT include	a this child)
13 YEARS	Kellogg, Idaho		a. How many children are now living?		children were are now dead?	c. How many children were (born dead after	OTHER stillborn
Mrs Janet Barr	nev Mother		None	N	one	pregnancy)?	me
	WEIGHT AT BIRTH 19 Was a s	tandard imate dat	serological test f		performed?	Yes.	No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Sommaturely - 20b. MATERNAL CAUSES Semature labor	beinth	enjung	on, deft	will los	car v de la	ivery.
	IS OF PREGNANCY AND LABOR		22. STATE ALL OPERA	TIONS FOR DE	LIVERY		
do abone revolu			Breech	troction,	episaton	uy	·
I hereby certify that I attended the birth of this child who was born dead	238. ATTENDANT'S SIGNA	eul	· · ·)., midwife, or ot	het)	26 May	, ,
on the date stated above at 4:55 A. m.	23c. ATTENDANT'S ADDRÉSS Wallow, Idaho —		If NOT attended by physician	TURE OF AUTHO	DRIZED OFFICIAL	L	TITLE
TION, REMOVALOR Specify)	DATE 25c. NAME OF	CEMPTERY	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
	ISTRAR'S SIGNATURE	el	26. FURAL DIRECT	Par	ralf a	DRESS	e Hale
	Neg		•				

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			, No. 758
	Standard Certificate		NoO
FEDERAL SECURITY AGENCY 2 3 CERTIFICATE	OF STILLBIF	RTH Local Reg	. No. 668
Public Health Service Division of Vital Statistics State of	Idaho	Reg. Dist.	No. 460
I. PLACE OF STILLBIRTH	2. USUAL RESID	ENCE OF MOTHER (When	e does mother live?)
a. COUNTY Twin Falls	a. STATE Ida	ho b. COUNTY	Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thurs In It of the	11 AD	rporate limits, write RURAL and give	e township)
IWIII I'8118	TOWN .TW1:	n Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR	d. STREET ADDRESS	(If rural, give location)	
institution Magic Valley Memorial 3. CHILD'S NAME	71	2 2nd A _v e. We	est
If Tame or Print	•		
Gayle Ann Crumbl:			·
	WIN OR TRIPLET (This c	STILLBIRTH	
Female single X Twin TRIPLET IST 7. FATHER'S a. (First) b. (Midd			ch 4, 1955
NAME		c. (Last)	8. COLOR OR RACE
Lee Roy		mbliss	White
9. AGE (At time of this birth) 22 YEARS 10. BIRTHPLACE (State or foreign country) Neosho Missouri	11a. USUAL OCCUPAT Salesman		Business or industry Distributing
12. MOTHER'S a. (First) b. (Midd MAIDEN D	le)	c. (Last)	13. COLOR OR RACE
NAME Doris		Allen	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER	(Do NOT include this child)
21 YEARS Twin Falls Idaho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	2	0	(born dead after 20 weeks
Lee Kry Junkline	~		pregnancy)?
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard	serological test f	or syphilis performed?	Yes No
WEEKS LBS. OZS. Approximate da	te		
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	Thick	lastinis	_
State only morbid conditions causing fetal death (do NOT use such terms as Stillibirth. 20b. MATERNAL PASSES	your	- many	
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	meter	ゝ `	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	
· · · · · · · · · · · · · · · · · · ·			
I hereby certify that I 23a. ATTENBANT'S SIGNATURE	(Specity if M. I)., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	· Luk	C MV	Mar. 8//953
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNAT	TURE OF AUTHORIZED OFFICIA	L TITLE
at m,	physician		
25a, BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER'	/ 1	25d. LOCATION (City, town, or	
Burial Mar. 5.1955 Sun Set Me	1 ————————————————————————————————————		Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT	DROY AL	DORES
11/wel 8, 1955 Lenora () doman	John J.	Musalson	wer falls.
//		·	

1 4 40	Standard Certificate) State File No
PEDERAL SECURITY APRY 3 CERTIFICATE PUBLIC HEALTH SERVICE Division of Vital Statistics State of	D. D. 270
1. PLACE OF STILLBIRTH a. COUNTY Ada	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital	d. STREET ADDRESS 1420 N. 25th Street
3. CHILD'S NAME ((Type or Print) RICHARD HERMANN	
Male SINGLE X TWIN TRIPLET 1ST	FWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year) STILLBIRTH April 9, 1955
7. FATHER'S a. (First) b. (Mide Ralph F.	Hermann White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) LO YEARS Milwaukee, Wis.	11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY Building
12. MOTHER'S a. (First) b. (Mid- MAIDEN NAME Buford	Gage White
14. AGE (At time of this birth) 36 YEARS Utah 17. INFORMANT Rallsh Thermany 1420 11. 25	a. How many children were dren are now living? b. How many children were dren are now living? b. How many children were children were stillborn (born dead after 20 weeks pregnancy)?
	serological test for syphilis performed? Yes No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES 20b. MATERNAL CAUSES	My antopay)
21. STATE ANY COMPLICATIONS OF PREGNANCY AND JABOR Rest	22. STATE ALL OPERATIONS FOR DELIVERY
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5 m. Bois Like	(Specify if M. D., midwife, or other) 23b. DATE SIGNED 23b. DATE SIGNED 11 NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE stitended by physician
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE #-21-55 Z5b. DATE 25b. DATE 25c. NAME OF CEMETER	RY OR CREMATORY 25d. LOCATION (City, town, or county) L1 Cemetery Boise, Idaho ADDRESS SUMMERS FUNERAL HOME SUMMERS FUNERAL HOME



	MAY 4 .355						aca
PHS-797(VS)	Vision of Vital Statistics	Revision of S	Standard Certificat	e)	State File	No	060
FEDERAL SECURITY AGE	Division of Vital Statistics CERTIF	ICATE C	OF STILLBIR	RTH	Local Reg.	3	ź
PUBLIC HEALTH SERVICE		State of			Reg. Dist. 1	No. <i>I. D.</i> 2	>
1. PLACE OF STILLBI	DTU		·				
a. COUNTY	BAMS		a. STATE		THER (Where b. COUNTY	does mother live!	
b. CITY (If outside corporate	limits, write RURAL and give township)		C. CITY (If outside	orporate limits, write	RURAL and give		
TOWNCOVIC		<u>al.</u>	TOWN //	es a .			
	o hospital or institution, give arrest address	or location) Spital	d. STREET ADDRESS	(If rural, give loc	ation)		
3. CHILD'S NAME ((Type or Print)	IN FAN	T	BALL	411			
MAKE SINGLE		5b. IF TW	IN OR TRIPLET (This		E OF (Monti	(Day)	(Year) 19551
7. FATHER'S NAME	a (First)	b. (Middle		C. (Last)	1	8. COLOR OR	
9. AGE (At time of this birth)	10, BIRTHPLACE (State or foreign or	<u>U.</u>	11a. USUAL OCCUPAT	<u>Dai</u>	111111111111111111111111111111111111111	MNIL	6.
25 YEARS	14/ ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ming	-	2γ.	11b. KIND OF	M I'N C	A .
12. MOTHER'S MAIDEN NAME	Margaret.	b. (Middle	elun)	C. (Last)	è u	13. COLOR OF	RACE
14. AGE (At time of this birth) YEARS	15 BIRTHPLAGE (State or toyolgn c		16. CHILDREN PREVIO	b. How many c	hildren were	c. How many	OTHER
17. INDORMANT	700		dren are now living?	born alive but are	now dead?	children were (born dead afte pregnancy)?	stillborn or 20 weeks
10 ernoux	gray		<u> </u>	WON	<u>e. </u>	1101	18.
8a. LENGTH OF PREGNANCY NANCY WEEKS	WEIGHT AT BIRTH 19 Was a Approx	standard s ximate date	erological test i	or syphilis pe	rformed?	Yes	No
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES						
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUSES						
Prematurity, Asphyxia, etc.)	Cord short	5 4 ga	de un	ulder of	child	embara	sai black
21. STATE ANY COMPLICATIO	NS OF PREGNANCY AND LABOR		22. STATE ALL OPER	TIONS FOR DELL	VERY		
	>	7 !	LML	mente	<u> </u>		
I hereby certify that I	23a. ATTENDANT'S SIGN	ÁTURE	Specify if M. I	midwife, or othe	5 <u>~</u>	23b. DATE SIG	NED
attended the birth of this child who was born dead	2000	cour	Kno	•	\cup $ $	78 au.	55
on the date stated above	23c. ATTENDANT'S ADDRESS		If NOT 24. SIGNA	TURE OF AUTHOR	IZED OFFICIAL		TITLE
at Live From.	Council, Idaho		ttended by physician			•	
RaBANIAL RENA 25b	DATE 25c. NAME C	CY C	OR CREMATORY	Wei6		A HO	(State)
DATE REC'D BY LOCAL REG. REG.	SISTRAR'S SIGNATURE		0. FUNERAL DIRECT			RESS	0.41
	The state of the s		Tr Pare	munel	~ w	سس	- Carera
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PHS-797(VS) 4-48 FEDERAL SECURITY A PUBLIC HEALTH SERVIPE	GENER 23 vision of Vita	-	RTIFICA	ATE	Standard Certifica OF STILLBI Idaho	. ,	State File Local Reg Reg. Dist.	. No9	061
1. PLACE OF STILLE a. COUNTY	BIRTH				2. USUAL RESI	DENCE OF M		does mother live	")
	Bannoc			i	a. STATE	Idaho	b. COUNTY	Bannock	
b. CITY (If outside corpora OR	te limite, write RUR	AL and give to	wnship)		C. CITY (If outside of	corporate limits, wri	te RURAL and give	township)	
	<u>ocatello</u>				TOWN PC	catello			
c. FULL NAME OF (II no HOSPITAL OR INSTITUTION S+					d. STREET ADDRESS	(If rural, give			
3. CHILD'S NAME	Anthony	Mercy	uos bires		<u> </u>	726 Nor	th 8th		
((Type or Print)	INFANT	SPIDEL	L						
1	IIS BIRTH			5b. IF T	WIN OR TRIPLET (This	child born) 6. D	ATE OF (Mont	th) (Day)	(Year)
	LE 🔀 TWIN		RIPLET	1ST	2ND	3RD S	4	, 3	55
7. FATHER'S NAME	a. (First)		b	. (Midd	ie)	c. (Last)		8. COLOR OR	RACE
	Reece			Cly	de	Spide	1.1	Ţ	White
9. AGE (At time of this birth)	10. BIRTHPL	ACE (State or	foreign country	7)	11a. USUAL OCCUPA	TION	11b. KIND OF	BUSINESS OR	INDUSTRY
	rs Clev	eland,	Idaho		Filter	Operator	Simp	lot	
12. MOTHER'S MAIDEN	a. (First)		t	o. (Midd	le)	c. (Last)		13. COLOR OF	RACE
NAME	Justin	е	$\mathbf{E}_{\mathbf{v}}$	relyn		Girau	1	White	.
14. AGE (At time of this birth)	15. BIRTHPL	ACE (State or	foreign country	r)	16. CHILDREN PREV	IOUSLY BORN TO	THIS MOTHER (Do NOT includ	e this child)
30 YEA	rs Rup	ert. I	daho		a. How many chil- dren are now living?	b. How many born alive but	children were are now dead?	c. How many children were	OTHER stillborn
17. INFORMANT								(born dead after pregnancy)?	er 20 weeks
Justine E. S	p idell				3	<u> </u>	1	1	
18a, LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT B 4 LBS. O		Vas a stai Approxima	ndard ate dat	serological test e	for syphilis	performed?	Yes	No
CAUSE OF STILLBIRT State only morbid condition causing fetal death (do NO use such terms as Stillbird Prematurity, Asphyxia, etc.	TIS ZOD. MATERI	CAUSES WAL CAUSES	ne i	54	peratio	-//	Plan	ent	a
PRISTATE ANY COMPLICAT	TIONS OF PREGNA	INCY AND L	ABOR	PR	22. STATE ALL OPER	RATIONS FOR DE	LIVERY		
I hereby certify that		DANT'S	SIGNATU	RE	(Specify if M	12. notowite, or o	ther)	23b. DATE SIG	NED
attended the birth of the	W/Ca	CAL		. /	Jesse	w		7-8	<u> </u>
on the date stated abo at 7:31 A.M.m.		ANY'S ADDR	lel	λ'	If NOT 24. SIGNA attended by physician	ATURE OF AUTH	ORIZED OFFICIAL	L ,	TITLE
	5b DATE	25c.	NAME OF CE	METERY	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Burial	1-9-5	<u>5</u>	Moun	ntain	View	Pe	catello]	[daho
DATE REC'D BY LOCAL F	REGISTRAR'S SIGI	NATURE 1			26. FUNERAL DIRECT	TOR	AD	DRESS	
4-20-55	wan	· W	alles	ار	Hall-Or	ant Mort	29 29	9 South	<u>Garfi</u> e
		1	•		/ January	and She	and		
						1	-		

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PHS-797(VS) 4-48 FEDERAL SECUF PUBLIC HEALTH SI	RITY AGE	TAY 1 3 5	CERTIFICA Sta	TE (Standard Certifica OF STILLBI Idaho	te) RTH		No	062
1. PLACE OF S a. COUNTY	THEE	Pannoc Bannoc	_		2. USUAL RESII a. STATE Ida	DENCE OF I	MOTHER (Where b. COUNTY	Bannock)
TOWN	Po	catello			c. CITY (If outside OR TOWN I	Pocatell	vrite RURAL and give	township)	
INSTITUTION	St. Ar	hospital or institution, gi athony Merc	y Hospital	tion)	d. STREET ADDRESS	(If rural, giv 205 Nort			
3. CHILD'S NA	t)	BABY BOY	BILLS						
4. SEX	5a. THIS	BIRTH		b. IF T	WIN OR TRIPLET (The	child born) 6.	DATE OF (Mont	th) (Day)	(Year)
Male	SINGLE	X TWIN	TRIPLET	15T _	2ND	3RD	4 Jan 1	13	55
7. FATHER'S NAME		a. (First)	b.	(Midd	le)	c. (Last)	8. COLOR OR	RACE
		\mathtt{Ned}		N	ſ .	Bil	ls	White	
9. AGE (At time of t	his birth) YEARS	10. BIRTHPLACE (8 Salt Lake	city, Uta	h	11a. USUAL OCCUPA Cashier	TION	IIb. KIND OF Idaho	BUSINESS OR ank & T	INDUSTRY Must
12. MOTHER'S MAIDEN NAME		a. (First) Freda	b.	(Midd	le)	c. (Last Sp ri		13. COLOR OR	RACE
14. AGE (At time of t	his birth)		tate or foreign country) New York		16. CHILDREN PREV				
17. INFORMAN		2 POILX,	New TOIR		a. How many chil- dren are now living?	b. How man born alive bu	ny children were nt are now dead?	c. How many children were (born dead afte pregnancy)?	stillborn
Freda Bi	lls				2	1 .	0	2	
18a, LENGTH OF PI	NCY ,	LBS. 8 OZS.	Approximat	dard te dat	serological test e	for syphilis	performed?	Yes. C	No
OAUSE OF STIL State only morbid causing fetal death use such terms as Prematurity, Asphy	conditions	20a. FETAL CAUSES 205. BATERNAL CA	hobba	To	isis			·	
51. STATE ANY CON	MPLICATION	of Pregnancy	AND LABOR 25,195	5	22. STATE ALL OPER	RATIONS FOR I	DELIVERY		
I hereby certifattended the birt child who was be	h of this	28. ATTENDAN	T'SSIGNATUR	Ele	(Specify M.	D., midwife, or	other)	23b. DATE SIG	NED
on the date state	ed above P. m.	230 ATTENDAYT'S	Mo Ide	W	attended by physician	ATURE OF AUT	HORIZED OFFICIAL	L	TITLE
25a. BURIAL, CRE TION, REMOVAL (Sp.	M A - 25b.	DATE	25c. NAME OF CEN	METERY	OR CREMATORY	25d. LOCATIO	ON (City, town, or	county)	(State)
Burial		ril 14. 19	5 Mounts	in '	View Cemete	ry I	Pocatello		Idaho
5-12-5		istrar's signatur			26. FUNERAL DIRECT		4	oress	Idaho
		•		/	//	·			

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	RE	CEIVED	•							063
PHS-797(VS) 4-48 FEDERAL SECUR	NA /	V 1 0 1055			Standard Certif			State File	No	JUU
FEDERAL SECUR PUBLIC HEALTH SE	RITY AGEN	494T 0 1202 C	ERTIFIC	ATE	OF STILLI	BIRTH		Local Reg	7	2.2
	DIVISIO	n of Vital Statisti	es s	tate of	Idaho			Reg. Dist.	No	<u>V</u>
1. PLACE OF S	TILLBIR	тн			2. USUAL RE	SIDENCE			does mother live	<i>i</i> t)
a. COUNTY		Bannock			a. STATE	Idaho	, 1	b. COUNTY	Bann	ock
b. CITY (If outside	e corporate li	mits, write RURAL and giv	e township)		c. CITY (If outs	ide eorporate lic	nits, write B	URAL and give	township)	
TOWN	Po	catello			TOWN	Poca	tello			
c. FULL NÁME O HOSPITAL OR	F (If not in	hospital or institution, give	street address or l	ocation)	d. STREET ADDRESS	(II rus	al, give loca	tion)		
INSTITUTION		nthony Mercy	Mospit	al	1 //02/125	205 No	rth 1	Oth		
3. CHILD'S NA			-							
W 1996 0/ 1//m		INFANT	BR	OWN						
4. SEX	5a. THIS		_	.5b. IF T	WIN OR TRIPLET	This child born)	6. DATE	OF (Mont		(Year)
Male	SINGLE		TRIPLET	1ST L	2ND	3RD	37.12	4	13	55
7. FATHER'S NAME		a. (First)		b. (Midd	le)	_	(Last)		8. COLOR OF	
		Mortimer		F.		Br	OWIL		Whi	te
9. AGE (At time of ti	his birth)	10. BIRTHPLACE (State			11a. USUAL OCC	UPATION		·	BUSINESS OR	
26	YEARS		sland, N		Baker			Idaho B	ank & T	
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)		(Last)		13. COLOR O	R RACE
NAME	· · · · · · · · · · · · · · · · · · ·	Alma		Jean			nnett		White	
14. AGE (At time of ti	his birth)	15. BIRTHPLACE (Stat	e or foreign count	LA)	16. CHILDREN PF					
27	YEARS	Bronx, N			a. How many of dren are now livi	ng? born al	ive but are	nildren were now dead?	c. How many children wer (born dead aft	s stillborn
17. INFORMAN	1				,	[.	0		pregnancy)2	er au weers
Alma G					4				ــــــــــــــــــــــــــــــــــــــ	
18a. LENGTH OF PE NA WEEKS	NCY	WEIGHT AT BIRTH 1	^{19.} Was a st Approxin		serological te	st for syp	hilis pe	rformed? て91		No
CAUSE OF STIL		20a. FETAL CAUSES	<u> </u>		1	, ~	•	. 11-	<i></i>	
State only morbid	conditions	2	rist	wb	lustosi	is Le	tal	لف		
State only morbid causing fetal death use such terms as Prematurity, Asphy	(do NOT Stillbirth,	20b. MATERNAL CAUS	SES (T,				
Prematurity, Asphy	IIA, etc.)	. R	h Fa	cton	auto	in	mu	in it	ion	
21. STATE ANY COL	MPLICATION	S OF PREGNANCY AN	D LABOR		22. STATE ALL O	PERATIONS I	OR DELIV	/ERI		
absent fe	tal-	movement	+ hea	at tou	4,	Epise	ofor	ny		
I hereby cortis	y that I	23a. ATTENDANT			(Specify if	M. midwi	se, or other	r)]	23b. DATE SIG	SNED
attended the birt	h of this	73./2		jens	en W	2			4-20	-22
on the date state	ed above	23c. ATTENDANT'S AL	ADJACSS (0	If NOT 24. SI	GNATURE OF	AUTHOR	ZED OFFICIA	<u>.</u>	TITLE
at	<u>P. m. </u>	Pocatelli		ally	physician					
25a. BURIAL, CRE	MA- 25b.	-/9-5-5	Mount		OR CREMATORY Lew	25d. LO	CATION (City, town, or Pocat		(State) Idaho
DATE REC'D BY LO		ISTRAR'S SIGNATURE			26. FUNERAL DI	RECTOR		AD	DRESS	
5-3-55	REG.	vam. (i	alli	n,	Downard	s 2	41 N.	Garfie	ld. Poca	tello
					be dal	DIP	N.			
					1707	~~ <u> </u> .~	A20	-roce		

8 . Section 1985 Annual Property of the Control of the Frank Mr. 18 Set I

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PHS-797(VS) 4-48 4-48 PEDERAL SECURITY AGENCY PUBLIC HEALTH DIVINIOR OF Vital State FILE NO. 1 Corp. 10 Corp. 1										
1. PLACE OF ST a. COUNTY	TILLBIR	тн Bannocl	ς		2. USUAL RE	SIDENC Idaho		THER (Where b. COUNTY	does mother live? Bannock)
b. CITY (II outside OR TOWN	ecrporate li	Pocatello	e township)		c. CITY (If onto		te limite, write tello	RURAL and give	township)	
c. FULL NAME O HOSPITAL OR INSTITUTION		nthony Mercy			d. STREET ADDRESS	•	i rumi, sire lo Cast Ha	-		
3. CHILD'S NA (Type or Print		LORI JE	AN McBEA'	ГH				•		
4. SEX Female	5a. THIS I		TRIPLET	5b. IF T	WIN OR TRIPLET (This shild b	ora) 6. DAT	E OF (Mont	h) (Day)	(Year)
7. FATHER'S NAME	SINGLE	a. (First)		b. (Midd		380	c. (Last)		8. COLOR OR	
		Jo	I	Kent			McBeat		White	
9. AGE (At time of the	nis birth)	10. BIRTHPLACE (Stat	e or foreign country	r)	11a. USUAL OCC	UPATION	ļ	11b. KIND OF	BUSINESS OR	INDUSTRY
18	YEARS	Denver,	Colo.		Stud	ent		I.S.	C.	
12. MOTHER'S MAIDEN NAME		a. (First)		b. (Midd	•		c. (Last)		13. COLOR OF	RACE
		Kamona		Anr		CHOUSE	Pipes	THE HOTHER (White	. 426 -2.04
14. AGE (At time of the 20	YEARS	15. BIRTHPLACE (State Roff, ()klahoma	y)	a. How many of			children were re now dead?	c. How many	OTHER
17. INFORMANT	Г								children were (born dead after pregnancy)?	z 20 weeks
Mrs. Ken	t McBe	ath			0	- 1		0	O	
18a. LENGTH OF PR NA 37 WEEKS	NCY	5 LBS. 1 ozs.	^{19.} Was a sta Approxim		serological te te	st for	syphilis p	erformed?	Yes	No
CAUSE OF STIL. State only morbid causing fetal death use such terms as	conditions (do NOT Stillbirth,	20a. PETAL CAUSES 20b. MATERNAL CAU	<u> </u>	m	sph	le	le			
Prematurity, Asphy	XIB, 610.)		22W		~V					
21. STATE ANY COM	MPLICATION	S OF PREGNANCY AN	D LABOR		22. STATE ALL C	PERATIO	NS FOR DEL	IVERY		
I hereby certif	h of this	29. ATTENDANT	S SIGNATI	JRE /	(Specify if	M.B. II	ide is, or oth	ner)	23b. DATE SIG	ined 26・シ
child who was be on the date state at 6.58	ed above	ESC. ATTENDANTS A	Opress de	K.	If NOT 24. Si attended by physician	GNATUR	E OF AUTHO	RIZED OFFICIA	L	TITLE
25a. BURIAL, CRE	MA- 256.	DATE	25c. NAME OF C	EMETER	Y OR CREMATORY	250	. LOCATION	(City, town, or	county)	(State)
TION, REMOVAL (8)		oril 25. 19b	5 Moun	tain	View Ceme	terv	Poc	atello	Id	aho
DATE REC'D BY LO 5-12-55	CAL REG	ISTRAP'S SIGNATURE	allis		26. FUNERAL DI	RECTOR		AD	DRESS	
- 14 00	1 6	gon no	mu	<u> </u>	Jack He	nders	inde		South A	renur_
				- 57.4						

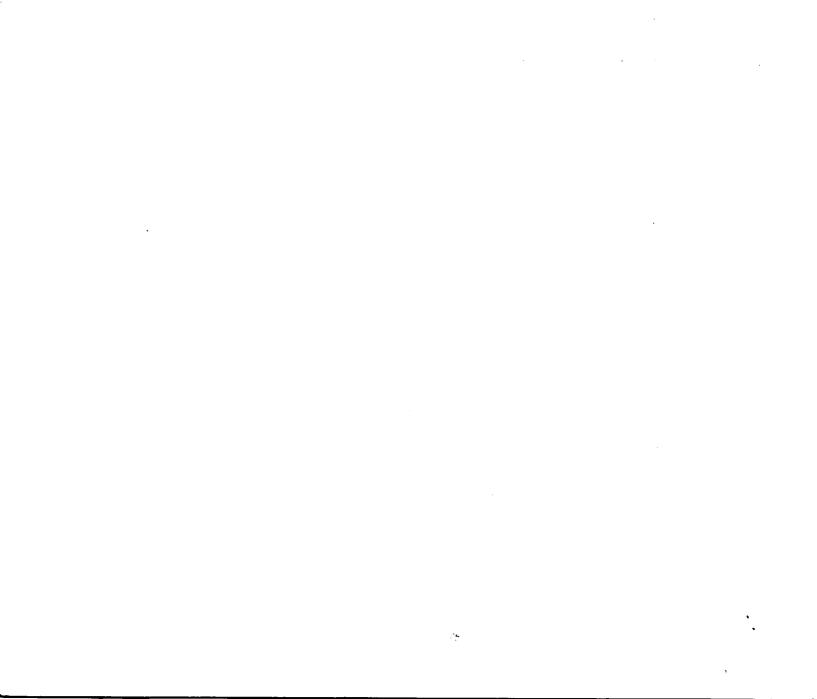
444 (44) $\{ x_{k+1}, x_{k+1} \in \mathbb{R}_{+} \mid x_{k+1} \in \mathbb{R}_{+} \mid x_{k+1} \in \mathbb{R}_{+} \}$ we have the second of the second , • $\mathcal{S}^{(k)}$. The second of the second of the second of $\mathcal{S}^{(k)}$, which is the second of $\mathcal{S}^{(k)}$.

PHS-797(VS)	ECE!V	- P49 Revision	of	Standard Certificate)	State File	No. 065
FEDERAL SECURITY AGENCYPR 23 . CERTIFICATE OF STILL PUBLIC HEALTH SERVICE					PTH		No. 1 0 7
	ision of Vital St	stistics State	e of	Idaho		Reg. Dist.	No. 600
1. PLACE OF STILLBIR				2. USUAL RESID	ENCE OF MC	THER (Where	does mother live?)
a. COUNTY Bingham	1			a. STATE Idah	10	ь. county	Bingham
b. CITY (If outside corporate it	mits, write RURAL and	give township)		c. CITY (If outside co	rporate limits, write	RURAL and give	township)
TOWN Blackfo	ot			TOWN Blace	ckfoot		
c. FULL NAME OF (If not in I HOSPITAL OR	acepital or institution, giv	re street address or location	(ac	d. STREET ADDRESS	(If rural, give lo	cation)	
INSTITUTION Bingh	am Memoria	l Hospital			ce #1		
3. CHILD'S NAME ((Type or Print)	Not Named						
4. SEX 5a. THIS	BIRTH	.5b.	IF T	WIN OR TRIPLET (This e	hild born) 6. DA	TE OF (Mont	th) (Day) (Year)
Female single	X TWIN .	TRIPLET 1	st [2ND	3RD 311	Apr	·il 17, 1955
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR RACE
	Henry	C	har	les	Becker		White
9. AGE (At time of this birth)	10. BIRTHPLACE (St	ate or foreign country)		11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR INDUSTRY
39 YEARS	Olpe, Kan	nsas		Farming			
12. MOTHER'S MAIDEN	a. (First)		Midd	lle)	c. (Last)		13. COLOR OR RACE
NAME	Clara		ay		McDerm		White
14. AGE (At time of this birth)	15. BIRTHPLACE (8)	tate or foreign country)					Do NOT include this child)
38 YEARS	Roberts.	Idaho		a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
Mrs Han	my & De	elec		Four	Non	e	None
18a. LENGTH OF PREG- 18b.	WEIGHT AT BIRTH	19 Was a stand	ard	serological test f	or syphilis p	erformed?	Yes. X No
34 WEEKS 1	LBS. ? OZS.	Approximate	da.	te October			
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	none					
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CA	USES		1			^
Prematurity, Asphyxia, etc.)		oremia	1	prema	WA =	Bre-	eclampsia
21. STATE ANY COMPLICATION	S OF PREGNANCY	IND LABOR		Z. STATE ALL OPER	ATIONS FOR DEL	.I Y ERY	/
fre - l	clamps	ia				none	
I hereby certify that I	23a. ATTENDAN	TESIGNATUR	5,	h/ (Specify if M. I	o., midwife, or ot	her)	23b. DATE SIGNED
attended the birth of this child who was born dead		Walle &		Hoge 1	$n \bowtie$		April 19, 1955
on the date stated above	23c. ATTENDANT'S	ADDRESS	el.	If NOT 24. SIGNA attended by bobysician	TURE OF AUTHO	RIZED OFFICIA	L TITLE
ut	DATE	25c. NAME OF CEME	<u> </u>	<i>/</i> · · · · · · · · · · · · · · · · · · ·	25d. LOCATION	(City town of	county) (State)
TION, REMOVAL (Specify)	oril 17. 19	55 Dun	P	Pare	Bla	chem	Yhks.
DATE REC'D BY LOCAL REG	ISTRAR'S SIGNATUR	E Kact	ing	26. FUNERAL DIRECT	OR	AL	DDRESS
AL. 20 ~ (FE)	780 / Broto.	2 Cate	ù	1 Henry	1 C. K.	Becken	- (Father)
1				90 M	1.1.	200	017
<u> </u>				1 years)	see !	waar	401

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PHS-797(VS) 4-48 FEDERAL SECUR	TY AGE	AAY 10 1955	CERTIFICAT	of i	Standard Certificate OF STILLBIF	e) RTH	State File Local Reg		060 7 9
	Divis	ion of Vital Stat	t istics State	e of	Idaho	-	Reg. Dist.	NoG	2
1. PLACE OF S a. COUNTY	TILLBIR Bingh				2. USUAL RESID	ENCE OF MO	DTHER (Where	does mother live Bingt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot									
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION B ingham Memorial Hospital d. STREET ADDRESS 390 East Alice									
3. CHILD'S NA (Type or Print		Lillian xix	em Jeanne	Bri	lggs		····		
4. SEX	5a. THIS	BIRTH	. 5 b.	IF T\	WIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Mont	h) (Day)	(Year)
female	SINGLE	X TWIN		st [· —	3RD STI	LEBIRTH Ap r		1955
7. FATHER'S NAME		a. (First)	b. (I	Middl	le)	c. (Last)	-18-12 	8. COLOR O	R RACE
		Unk	mown					white	!
9. AGE (At time of th	nia birth) YEARS	10. BIRTHPLACE (St	tate or foreign country)		11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OF	RINDUSTRY
12. MOTHER'S MAIDEN		a. (First)	b. (I	Middl	e)	c. (Last)		13. COLOR C	R RACE
NAME		Dorothy	Jea	n		Cheney		whit	e
14. AGE (At time of th	is birth)	15. BIRTHPLACE (8	tate or foreign country)	Ī	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (Do NOT inclu	de this child)
28	YEARS	Pocatell	lo, Idaho		a. How many chil- dren are now living?	b. How many born alive but as	children were	c. How man	y OTHER
17. INFORMANT		00			_			(born dead as pregnancy)?	ter 20 weeks
muy		Cheney			3	none	9	none	
18a. LENGTH OF PR NAP 28 WEEKS	NCY	7 LBS. 10 OZS.	19 Was a standa Approximate	rd : dat	serological test f	or syphilis p	erformed?	Yes.	No
CAUSE OF STILI State only morbid causing fetal death use such terms as		20a. FETAL CAUSES	Pren	r	turity.				
use such terms as a Prematurity, Asphyr	Stillbirth, da, etc.)	20b. MATERNAL CA	Non	e.					
21. STATE ANY COM Breech preses		s of pregnancy a	ND LABOR Calor		22. STATE ALL OPERA Breech	delivery	VERY		
I hereby certify		23a. ATTENDAN	T'S SIGNATURE		(Specify if M. D	., midwife, or oth	er)	23b. DATE SI	GNED
attended the birth child who was bo			1- Bu	rg	hom :	m'D.	}.	May ?	1,1955
on the date state	d above	23c. ATTENDANT'S	ADDRESS	1	If NOT 24. SIGNAT	URE OF AUTHOR	IZED OFFICIAL		TITLE
at	m.	B lackf	<u>oot, Idaho</u>		physician				
25a. BURIAL CREM TION REMOVAL (8pm)		DATE -4-55	25c. NAME OF CEMEN State Hospi		or crematory South Cem.	25d. LOCATION Blackfo			(State) Idaho
DATE REC'D BY LOC	CAL REG	STRAR'S SIGNATURE	5/2		26. FUNERAL DIRECTO	OR	ADI	ORESS	
Ney. 3-195	370/	tro Cala	is to taken	اع	Howard	Paci	ba B)	ackfoot	, Idaho



PRINCH CHART SERVICE MY SERVICE MY SERVICE OF STILLBIRTH Division of Vital Statistics 1. PLACE OF STILLBIRTH 2. COUNTY BORNET D. CITY (If counts corporate limits, write RURAL and give township) TORN Sandpoint, C. FULL NAME OF (If soct in bagist or insultation, give pirest videres or location) INSTITUTION BORNET GENERAL HAWKINS C. FULL NAME OF (If soct in bagist or insultation, give pirest videres or location) INSTITUTION BORNET GENERAL HAWKINS C. FULL NAME OF (If soct in bagist or insultation, give pirest videres or location) INSTITUTION BORNET GENERAL HAWKINS C. FULL NAME OF (If soct in bagist or insultation, give pirest videres or location) INSTITUTION BORNET GENERAL HAWKINS C. FULL NAME OF (If soct in bagist or insultation, give pirest videres or location) INSTITUTION BORNET GENERAL HAWKINS C. FULL NAME OF (If soct in bagist or insultation, give pirest videres or location) INSTITUTION BORNET GENERAL HAWKINS C. FULL NAME OF (If soct in bagist or insultation, give pirest videres or location) INSTITUTION BORNET GENERAL HAWKINS C. FULL NAME OF (If soct in bagist or insultation, give pirest videres or location) INSTITUTION BORNET GENERAL HAWKINS C. FULL NAME OF (If soct in bagist or insultation, give pirest videres or location) INSTITUTION BORNET GENERAL HAWKINS C. FULL NAME OF (If soct in bagist or insultation, give pirest videres or location) INSTITUTION BORNET GENERAL HAWKINS C. FULL VIDER GENERAL HAWKINS C. FULL VIDER GENERAL HAWKINS C. CITY (If custate or consider motion in the location) INSTITUTION BORNET GENERAL HAWKINS C. CITY (If custate or consider motion in the location) I. D. CITY STREET (If runk, give location) III. LIUSUAL OCCUPATION III. LIUSUAL OCCUPATION III. LIUSUAL OCCUPATION III. L		CEIVER		Standard Certificate	?)	State File		167
1. PLACE OF STILLBIRTH 2. COUNTY SORDET D. CTY (If outside corporate limits, write RURAL and give township) TOWN SANDPOINT C. FULL NAME OF (if not in boughts) or institution, give street address or location INSTITUTION SORDET C. FULL NAME OF (if not in boughts) or lentitution, give street address or location INSTITUTION SORDET C. CTY (If outside corporate limits, write RURAL and give township) TOWN SANDPOINT C. FULL NAME OF (if not in boughts) or lentitution, give street address or location) SORDET C. STREET C. FULL NAME OF (if not in boughts) C. FULL STREET C. CTY (If outside corporate limits, write RURAL and give township) TOWN SANDPOINT C. CTY (If outside corporate limits, write RURAL and give township) TOWN SANDPOINT C. CTY (If outside corporate limits, write RURAL and give township) TOWN SANDPOINT C. CTY (If outside corporate limits, write RURAL and give township) TOWN SANDPOINT C. CTY (If outside corporate limits, write RURAL and give township) TOWN SANDPOINT C. CTY (If outside corporate limits, write RURAL and give township) TOWN SANDPOINT C. CTY (If outside corporate limits, write RURAL and give township) TOWN SANDPOINT C. CTY (If outside corporate limits, write RURAL and give township) TOWN SANDPOINT C. CTY (If outside corporate limits, write RURAL and give township) C. CTY (If outside corporate limits, write RURAL and give township) C. CTY (If outside corporate limits, write RURAL and give township) C. CTY (If outside corporate limits, write RURAL and give township) C. CTY (If outside corporate limits, write RURAL and give township) C. CTY (If outside corporate limits, write RURAL and give township) C. CTY (If outside corporate limits, write RURAL and give township) C. CTY (If outside corporate limits, write RURAL and give township) C. CTY (If outside corporate limits, write RURAL and give township) C. CTY (If outside corporate limits, write RURAL and give to	PUBLIC HEALTH SERVICE	PHY 25 1933 CE	ERTIFICATE state of	OF STILLBIF I Idaho	RTH	_	7 7 7 1	
C. FULL NAME OF CIT not in brought at or inactivation, give street eddress or location HOSTITUTION SONDER GENERAL TOSS. 3. CHILD'S NAME (17 ype or Print) NOELA LYNELL HAWKINS 4. SEX SEX THIS BIRTH SINCIL TWIN TRIPLET SIST YND SRO C. (Last) S. COLOR OR RACE 1. FATHER'S D. (First) D. (Middle) C. (Last) S. COLOR OR RACE 1. AGE (At time of this birth) 10. BIRTHPLACE (Shate or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY 1. AGE (At time of this birth) S. BIRTHPLACE (Shate or foreign country) 15. BIRTHPLACE (Shate or foreign country) 1. AGE (At time of this birth) VEARS TWOBUTTO S. COLOR OR RACE 1. MAIDEN S. BIRTHPLACE (Shate or foreign country) 15. BIRTHPLACE (Shate or foreign country) 1. INFORMANT Lyna E Hawkins 1. INFORMANT Lyna E Hawkins 1. INFORMANT Lyna E Hawkins 15. BIRTHPLACE (Shate or foreign country) 1. INFORMANT Lyna E Hawkins 15. BIRTHPLACE (Shate or foreign country) 1. INFORMANT Lyna E Hawkins 15. BIRTHPLACE (Shate or foreign country) 16. CHILDREN PREVIOUSLY DERN TO THIS MOTHER (Do NOT include this child) 1. ADDITIONAL OF PREG. 15. WEIGHT AT BIRTH 17. Was a standard serological test for syphilis performed? 25. DATE 25. DATE 25. DATE 25. DATE 25. NAME OF CENTERY OR CREMATORY 25. DATE SIGNED 25. DATE SIGNATURE OF AUTHORIZED OFFICIAL 25. DATE 25. DATE 25. DATE SIGNATURE OF AUTHORIZED OFFICIAL 25. DATE SIGNATURE OF AUTHORIZED OFFICIAL 25. DATE 25. DATE 25. DATE 25. DATE SIGNATURE OF AUTHORIZED OFFICIAL 25. DATE 25. DATE 25. DATE SIGNATURE OF AUTHORIZED OFFICIAL 25. DATE	1. PLACE OF STILLBIR	RTH		2. USUAL RESID	ENCE OF MO	THER (Where	does mother live	n
ASERTACTION Benner General Hosp. 3. CHILD'S NAME (Type or Frint) 4. SEX FORALE 5a. THIS BIRTH SINGLE TWIN TIPLET 5b. IF TWIN OR TRIPLET (Tuis child born) 15t	OR _		township)	11 (10)		RURAL and give	township)	
NOEIA LYNELL HAWKINS Sa. THIS BIRTH SINGLE Twin TRIPLET Sb. IF TWIN OR TRIPLET (This child born) S. DATE OF STILLBIRTH APPT 1 15, 1985 Formal				d. STREET ADDRESS ROY	(If rural, give locate 1	eation)		
TWIN TRIPLET 15T 2ND 3RD STILLBIRTH APT 1 15, 1955 7. FATHER'S a. (First) b. (Middle) E. (Last) B. COLOR OR RACE Lyan D. (Middle) E. (Last) B. COLOR OR RACE Walte 9. AGE (At time of this birth) YEARS 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY Two Buttes Colorad 11c. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) NAME 11. INFORMANT Lyan E. Hawkins, 12. MOTHER'S YEARS 13. COLOR OR RACE Walte Walte 14. AGE (At time of this birth) Over Prook Kansas 15. INFORMANT Lyan E. Hawkins, 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) A How many children were children were still born alive but are now dead? Approximate date OAUBE OF STILLBIRTH 18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH WEEKS 18b. OZS. Approximate date OAUBE OF STILLBIRTH 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. No. Approximate date OAUBE OF STILLBIRTH 18a. CLAUSES 18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH Approximate date 10b. Markinal Causes 10b. Markinal Causes 10b. Markinal Causes 11c. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child who was porn dead or the date stated about an approximate date 10b. Markinal Causes 11c. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include the child who was porn dead or the date stated about at the marking the proximate date 10b. Markinal Causes 11c. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include the child by many children were		OELA LYNELI	, HAWKINS					
1. AGE (At time of this birth) 1. BIRTHPLACE (State or foreign country) YEARS 1. DIRTHPLACE (State or foreign country) YEARS 1. LANGE A Line of this birth) 1. AGE (At time of this birth) 1. HAS 1	73 a a 3 a		<u></u>	_ []	┌┐ STIL	E OF (Mont LBIRTH APP	h) (Day)	1955
9. AGE (As time of this birth) YEARS 10. BIRTHPLACE (State or foreign ecountry) Two Buttos Colerade 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY Two Buttos Colerade 12. MOTHER'S MAIDEN Stella A Haslett White 13. COLOR OR RACE White Stella A Haslett White 14. AGE (As time of this birth) YEARS 15. BIRTHPLACE (State or foreign ecountry) Overbrook Kansas 17. INFORMANT Lyan E. Hawkins, 18a. LENGTH OF PREC, IRB. WEIGHT AT BIRTH NANCY WEEKS LBS. OZS Approximate date OAUBE OF STILLBIRTH State only infolded conditions causing fetal death (do NOT) Des such terms as Stillbard 20b. MATERNAL CAUSES 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 1 hereby certify that I attended the birth of this child who was born dead on the date stated above on the	7. FATHER'S	a. (First)		·				
14. AGE (At time of this birch) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 17. INFORMANT 18. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? 18. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? 18. VERM SOZS 18. Approximate date 18. Sozs	70	1				11b. KIND OF	BUSINESS OR	INDUSTRY
3	MAIDEN	<u>.</u>	_`	•				
18a. LENGTH OF PREGNANCY WEEKS LBS. OZS. Approximate date CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT) use such terms as Stillbirth, Prematurity, Asphyria, etc.) 20a. FETAL CAUSES 20a. FETAL CAUSES 20a. FETAL CAUSES 20a. FETAL CAUSES 20b. MATERNAL CAUSES 20b. MATERNAL CAUSES 20c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23b. DATE SIGNED 25c. NAME OF CEMETERY OR CREMATORY 25d. SURNAL, CREMA- 110N REMOVAL (Specity) 125d. LOCATION (City, town, or county) 125d. BURIAL, CREMA- 110N REMOVAL (Specity) 131 19, 1955 Pinegrest Com. 25c. Funeral Director 25c. Funeral Dir	36 YEARS	Overgreek		a. How many chil-			c. How many children were (born dead aft	OTHER
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 1 hereby certiff that 1 23a. ATENDANT'S SIGNATURE (Specify) If M. D., midfile, or other) 23b. DATE SIGNED (A SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by physician physician) 25c. NAME OF CEMETERY OR CREMATORY DATE REC'D BY LOCAL REGISTRIR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS 26. FUNERAL DIRECTOR ADDRESS	18a. LENGTH OF PREGNANCY WEEKS 18b. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth terms as Stillbirth.	LBS. OZS. 20a, FETAL CAUSES	Approximate da		for syphilis po	erformed?	Yes.V	No
attended the birth of this child who was born dead on the date stated above at ATTADANT'S ADDRESS IT IN OT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE at 1.3 p. m. 25a. BURIAL, CREMA- 10N, REMOVAL (Specify) April 19,1955 Pinecrest Com. DATE REC'D SY LOCAL REGISTAR'S SIGNATURE ADDRESS 26. FUNERAL DIRECTOR ADDRESS 26. FUNERAL DIRECTOR ADDRESS		example p	LABOR	22. STATE ALL OPERI	ATIONS FOR DELI	VERY LEFT		
25a. BURIAL, CREMA- TION, REMOVAL (Specify) April 19,1955 Pinecrest Com. Date rec'd by Local Registrar's Signature 25c. Name of Cemetery Or Crematory Sandpoint, Idaho 26. Funeral Director Address	attended the birth of this child who was born dead	John	DRESS COLOR	If NOT 24. SIGNA	MO		4-18-	55
	25a. BURIAL, CREMA- 25b	= 4		Y OR CREMATORY			'	(State)
april 3,793 Since talfer & Moon Sandpoint, Ida	DATE REC'D BY LOCAL RED Copyril 23, 793		Palph			AD	DRESS	, Idal

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PHS-797(VS)	1949 R	evision of	Standard Certificate	e)	State File	No()	() (s)
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	MAY 3 1356ERTIFI	OF STILLBIRTH Local Reg. No				L	
	ision of Vital Statistics	State of			Reg. Dist.	No	<i>[.D</i>
1. PLACE OF STILLBI	RTH		2. USUAL RESID	ENCE OF MO	THER (Where	does mother live	7)
a. county Bonnet	/ille		a. STATE Ida		b. COUNTY	Lemhi	•
b. CiTY (If outside corporate	limits, write RURAL and give township)		c. CITY (If outside co	rporate limits, write	RURAL and give		
TOWN Idaho	Falls, Idaho		TOWN Mac	kay, I	d aho		
c. FULL NAME OF (If not in HOSPITAL OR	hospital or institution, give street address	or location)	d. STREET ADDRESS	(If rural, give lo	cation)		
INSTITUTION	L.D.S.Hospital		Ger	meral Del	ivery		
3. CHILD'S NAME ((Type or Print)						**	
	Baby		⊬adford				
4. SEX 5a. THIS		5b. IF T	WIN OR TRIPLET (This c	hild born) 6. DAT	E OF (Mon	th) (Day)	(Year)
Male single		157		3RD	Ar	ril 13,	1955
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
	Don			Radfor	'a	White	3
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign con	intry)	11a. USUAL OCCUPAT	ION		BUSINESS OR	INDUSTRY
31 YEARS			Farmer		Agri	culture	
12. MOTHER'S MAIDEN	a. (First) Helen	b. (Midd F	. *	c. (Last) Radf c	vad.	13. COLOR OF	
NAME						White	
14. AGE (At time of this birth) 28 VEARS	15. BIRTHPLACE (State or foreign con	intry)	16. CHILDREN PREVIO				
20 YEARS	Rigby, Idaho		a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many children were	stillborn
II. INFORMANT			2	0		(born dead after pregnancy)?	Nr 23' Weeks
18a, LENGTH OF PREG- 18b	. WEIGHT AT BIRTH 19 XX/03 0		<u> </u>				· · · · · · · · · · · · · · · · · · ·
NANCY -	1 was a s	standard imate da	serological test f	or syphilis p	erformed?	Yes	No
EO WEEKS	LBS. 2 OZS. Approx	mate da	ve.				 •
CAUSE OF STILLBIRTH State only morbid conditions	(-1)	Me	ita				14 11
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUSES	yu	yarby,				
Prematurity, Asphyxia, etc.)	2 verulus	1 2	sanalio	n of	O Ila	cull.	
21. STATE ANY COMPLICATIO	NS OF PREGNANCY AND LABOR	1	22. STATE ALL OPERA	TIONS FOR DEL	IVERY		<u></u>
Sel 20	13		Version	18 6	llnock	ion	
I hereby certify that I	238. ATTENDANT'S SIGNA	TURE	(Specify 15,M. I	., midwife, or oth	er) ()	23b. DATE SIG	NED /
attended the birth of this child who was born dead	Jasyn	x n	Mallel	\mathcal{M}		24 apr	ny.
on the date stated above	23c. ATTENDANT'S ADDRESS		If NOT 24. SIGNAT	URE OF AUTHOR	RIZED OFFICIAL		TITLE
at m.			physician				
TION, REMOVAL (Specify)	DATE 25c. NAME OF	CEMETERY	OR CREMATORY	25d. LOCATION		county)	(State)
DATE REC'D BY LOCAL REG	SISTRAR'S SIGNATURE		26. FUNERAL DIRECTA	Idoho	H'S L L C	oress dahe	,
april 28-55	Gru a Giedze	_	Dio U	The	ious	Jah	o Falls
V			_ = =				

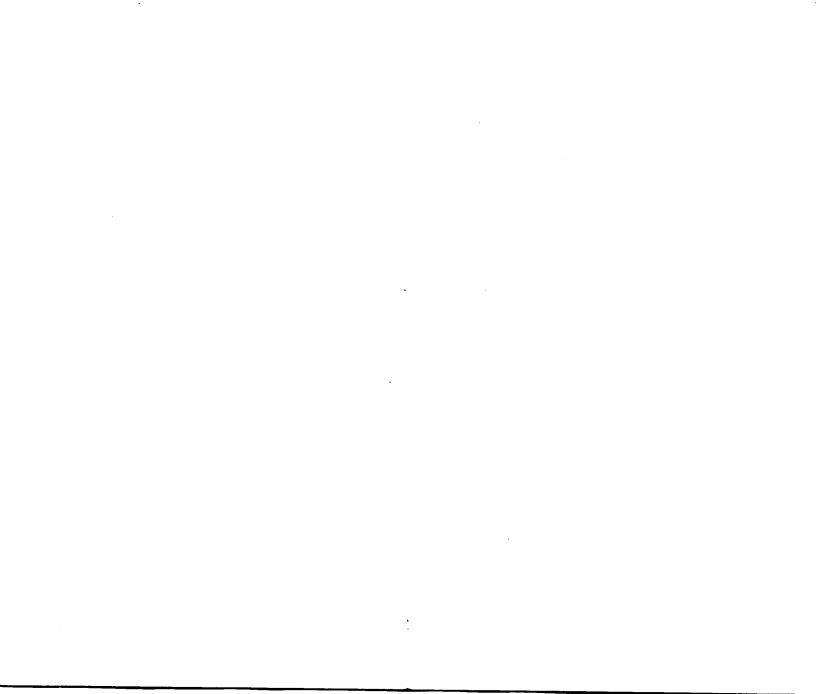
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RECEIVED PHS-797(VS) (1949 Revision of Standard Certificate) State File No..... FEDERAL SECURITY CERTIFICATE OF STILLBIRTH Local Reg. No., PUBLIC HEALTH SEDIVISION OF VINA Reg. Dist. No.... State of Idaho 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY a. STATE b. COUNTY Canvon Canyon Idaho b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TOWN Nampa Nampa c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) HOSPITAL OR ADDRESS INSTITUTION Samaritan Hospital Schley 3. CHILD'S NAME (Type or Print) MICHTEL TRVIN ELLIOTT 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF STILLBIRTH (Month) (Day) (Year) le SINGLE X ma TRIPLET L TWIN 2ND 3RD Jan. 7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE NAME white Elliott K**Enne**th Paul 10. BIRTHPLACE (State or foreign country) 9. AGE (At time of this birth) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY N. Dak. Flasher Butcher YEARS 12. MOTHER'S a. (First) b. (Middle) 13. COLOR OR RACE c. (Last) MAIDEN NAME Lucille Martin white Constance 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) Idaho Boise. 21 a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER YEARS children were stillborn 17. INFORMANT (born dead after 20 weeks pregnancy)? റ 0 18a. LENGTH OF PREG-18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes....... No..... NANCY Approximate date WEEKS LBS. OZS. 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES Prematurity, Asphyxia, etc.) Abrint's olycen**ta** 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY Caesarean Dection

23a. ATTENDANT'S SIGNATURE I hereby certify that I (Specify if M. D 23b. DATE SIGNED attended the birth of this 1/31/55 child who was born dead 23c. ATTENDANT'S ADDRESS on the date stated above If NOT 24. SIGNAPORE OF AUTHORIZED OFFICIAL TITLE attended by ist St. So. physician 25a. BURIAL, CREMA-TION, REMOVAL (Specify) 25b. DATE 25. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State) Kohlerlawn Buria Mampa Idaho DATE REC'D BY LOCAL REGISTRAR'S EIGNATU 26. FUNERAL DIRECTOR ADDRESS Idaho Nampa **EDMUNDS** MORTUARY

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PHS-797(VS) A-48 FEDERAL SECURITY AGENCY AY 19 1955RTIFICATE OF STILLBIRTH PUBLIC HEALTH SERVICE Division of Vital States State of Idaho 1. PLACE OF STILLBIRTH a. COUNTY Canton D. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa State File No
State of Idaho 1. PLACE OF STILLBIRTH a. COUNTY Canton b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa State of Idaho 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa
a. STATE Idaho b. COUNTY Canyon b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa a. STATE Idaho b. COUNTY Canyon c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa CARTYON C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa
or Town Nampa
town Nampa town Nampa
THE STATE OF THE S
c. FULL NAME OF (If not in hospital or institution, give atrest address or location) HOSPITAL OR d. STREET (If rural, give location) ADDRESS
INSTITUTION Mercy Hospital # 404 Tvy Street
3. CHILD'S NAME (Type or Print)
Iniant Boy Sargent
4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year
Male SINGLE X TWIN TRIPLET 1ST 2ND 3RD April 21,1955.
7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE NAME
John W Sargent White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a, USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUST
31 YEARS Evanston, Illinois. Apprentice Pac. Fruit Exp. She
12. MOTHER'S a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE MAIDEN
NAME Echo Dell Gax son White 14 AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this ch
Norman Toloho A How many chill b How many children ware c How many OTHI
27 YEARS NAMPS, 1 CLAIRO. dren are now living? born alive but are now dead? children were still be dren are now living? born alive but are now dead? (born dead after 20 were still be dren are now living?)
pregnancy)?
, ham w, sandons hamps, takno.
NANCY NANCY
20e FETAL CAUSES
CAUSE OF STILLBIRTH State only morbid conditions
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES
Prematurity, Asphysia, etc.)
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY
sofema of Oregnancy None - Spontaneous Nel
I hereby certify that I A3a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED
attended the birth of this dead Average MD 14-29-5
on the date stated above 23c. ATTENDANT'S ADDRESS If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
at 4:35 F m. /223-7 ST
298. BURIAL CREMA 201. TION, REMOVAL (Byeedfy)
Burial 4/23/55 Kohlerlaun Cemetery, Nampa, Idaha,
REG. TREG.
May 17, 1955 Thu. Ham Steek Hun I wont, Nampa, Idaha.
Alsip Funeral Chapp1



PHS-797(VS) (1949 Revision of Standard Certificate) State File No..... 4-48 FEDERAL SECURITY AGENCY CERTIFICATE OF STILLBIRTH Local Reg. No..... PUBLIC HEALTH SERVICE Reg. Dist. No. 520-State of Idaho 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY a. STATE Caribou b. COUNTY aribou daho b. CITY (If outside corporate limits, write RURAL and give township) c. CiTY (If outside corporate limits, write RURAL and give township) Soda Springs TÖWN TOWN Thatcher c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) HOSPITAL OR ADDRESS institution Caribou County Hospital 3. CHILD'S NAME !(Type or Print) JANET ROPER 5b. IF TWIN OR TRIPLET (This child born) 4. SEX 5a. THIS BIRTH 6. DATE OF STILLBIRTH (Month) (Day) (Year) SINGLE Y <u>Female</u> TWIN TRIPLET 1ST 2ND 30D 7. FATHER'S a. (First) b. (Middle) c. (Last) 8 COLOR OR RACE NAME White Leo Roper 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY YEARS Farming Tdaho <u>Farmer</u> 12. MOTHER'S MAIDEN a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE NAME Johnson White Bettv 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER Thatcher, Idaho **YEARS** children were stillborn (born dead after 20 weeks 17. INFORMANA pregnancy)? 18a. LENGTH OF PREG-18b. WEIGHT AT BERTH 19 Was a standard serological test for syphilis performed? Yes...... No... NANCY Approximate date WEEKS LBS. / 3 OZS. 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES Prematurity, Asphyxia, etc.) 21. STATE ANX COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23a. AT 23b. DATE SIGNED I hereby certify that I (Specify if M. D., midwife, or other) attended the birth of this child who was born dead NDANT'S ADDRESS If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL on the date stated above attended by

physician

26. FUNERAL DIRECTOR

25d. LOCATION (City, town, or county)

ADDRESS

Soda Springs. Ida.

<u>Grace.Idaho</u>

(State)

25c. NAME OF CEMETERY OR CREMATORY

Grace Cemetery

25a. BURIAL, CREMA-TION, REMOVAL (Specify)

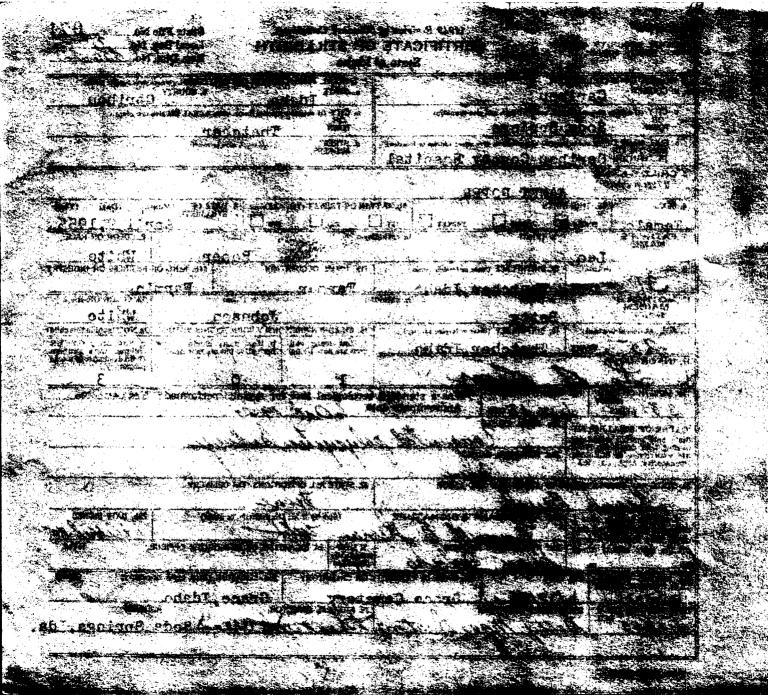
DATE REC'D BY LOCAL

Rurial

25b. DATE

2/55

REGISTRAR'S SIGNATURE



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PHS-797(VS) ADD 0 15 (1949 Revision of 1949)	Standard Certificate) State File	≥ No
ALL O VOUCE ALL O	OF STILLBIRTH Local Rep	
PUBLIC HEALTH SERVIPTVISION OF VILLI Statistics State of		
Didie O	20000	
1. PLACE OF STILLBIRTH a. COUNTY	2. USUAL RESIDENCE OF MOTHER (When	e does mother live?)
Casain	a. STATE 26 b. COUNTY	mulde
b. CITY (If outside comporate limits, write RURAL and give township) OR	c. CiTY (If outside corporate limits, write RURAL and giv	e township)
TOWN (Seeles)	OR TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	d. STREET (A rural, give location) ADDRESS	
3. CHILD'S NAME	0,000	
((Type or Print) Frank W. Bailes	Bala.	
	WIN OR TRIMET (This child born) 6. DATE OF (Mor	ith) (Day) (Year)
TIME SINGLE TWIN TRIPLET IST	2ND 3RD STILLBIRTH	a. H 1955
7. FATHER'S 8. (First) b. (Midd)		8. COLOR OR RACE
NAME Frank W Bas		2.1.7
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)		DUCHTES OF INDIGER
10 0 4 11	T.	BUSINESS OR INDUSTRY
7 YEARS Clips 2 2 12. MOTHER'S a. (First) b. (Midd	James	
MAIDEN	le)	13. COLOR OR RACE
NAME Mary Law.	Hansen	White
14. AGE (At time of this birth) 15. BIB HPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER	(Do NOT include this child)
16 YEARS Bushy Idaho	a. How many children were dren are now living? born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT		(born dead after 20 weeks pregnancy)?
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26 WEEKS 3 LBS. SOZS. Approximate dat	e.	, ,
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State only morbid conditions	Shal.	
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	1 0	***************************************
Prematurity, Asphyxia, etc.)	Leave V.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22 STATE ALL OPERATIONS FOR DELIVERY	
Dan 1	TO THE STEIN TON DELIVERY	
11 1 11 11 11 11 11 11 11 11 11 11 11 1	- More	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. D., midwife, or other)	23b. DATE SIGNED
child who was born dead	ely M.D.	M,154.
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNATURE OF AUTHORIZED OFFICIA	L TITLE
at m. Durley 1 Cla	physician	
25a. BURIAL, CREMA- 25b. DATE 25 NAME OF CEMETERY	OR CREMATORY 25d. LOCATION (City, town, or	county) (State)
Breel 4-5-53 Sum men	al had the	20/1/1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR AD	DRESS
11/6/55 REG.	() ! !! !	
4/0/35 Vymanne Haren	Ulamy O Destana	
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PHS-797(VS) AB EDERAL SECURITY AGENCY ABOUT AGENCY APP 3.0								
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	erome		C8	2. USUAL RESID	ence of mo	b. COUNTY	Jerom	
b. CITY (If outside corporate if OR TOWN	mits, write RURAL and	give township)		c. CITY (If outside co		RURAL and give	s township)	
c. FULL NAME OF (If not in I HOSPITAL OR INSTITUTION	hospital or institution, given	ct's Ho		d. STREET ADDRESS Rt	(If rural, give lo	ocation)		
3. CHILD'S NAME ((Type or Print)	YHT OMIT	<u> </u>	<u> </u>		SCHEER			
	STILLER (Month) (Day) (Year)							
7. FATHER'S NAME	a. (First)		b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
	Leonard		Berna	a r d	Scheer	•	W	h.
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (St. Marville			11a. USUAL OCCUPAT Farming		i .	BUSINESS OR	INDUSTRY
12. MOTHER'S MAIDEN	a. (First)		b. (Midd	le)	c. (Last)		13. COLOR OR	RACE
NAME	Erma	Je	an	M	lartin		Wh.	
14. AGE (At time of this birth)	15. BIRTHPLACE (St			16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (Do NOT include	this child)
21years	Green Fo	rest, A	rk,	a. How many children are now living?	b. How many born alive but s	children were re now dead?	c. How many children were (born dead afte	stillborn
Seonard	Scheen	ب		1		0	pregnancy)?)
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CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	yw.	_				·· · · · · · · · · · · · · · · · · · ·	
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA		low	tation of	lacer	Ta ce	ntrali	<u> </u>
21. STATE ANY COMPLICATION	IS OF PREGNANCY A			22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
I hereby certify that I attended the birth of this child who was born dead	23a. TTENDAN	S ./	to a	* (Specify if M. D)., midwife, or oth	ler)	23b. DATE SIGN	NED S
on the date stated above	23c ATTENDANT'S	ADDRESS		If NOT 24. SIGNAT	TURE OF AUTHO	RIZED OFFICIAL	L	TITLE
at 0:15 8 m.	Jerome.	Id a ho		physician				
TION REMOVAL (Specific)	pr.20, 19	~~	erome	OR CREMATORY	Jerome		œunty) aho	(State)
pril 20. 1955	STRAR'S SIGNATURE			26. EUNERAL DIRECTO			DRESS	Ove R
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DECRAL SECURITY AGENCY UNELL HEALTH SERVICE ACTION State of Idaho State of Idaho Reg. Dist. No	PHS-797(VS) 4-48 FEDERAL SECURITY	AGENCY: 0 0	ED49 Revision of	Standard Certificate) ?TH		No. 3	
1. PLACE OF STILLBIRTH a. COUNTY KOOTEN A. COUNTY TOWN COOUT A. LEAST DOORS TOWN COOUT A.			. State of	Idaho		Reg. Dist.	No!20	••••••
B. COINTY KOOTENAI D. CITY (II outside corporate limits, write RURAL and give township) TOWN COEUR d'Alene C. FULL RAME OF (II not in beophila or institucion, give street address or location) ROPETTALOR ARE City Hospital C. FULL RAME OF (II not in beophila or institucion, give street address or location) C. FULL RAME OF (II not in beophila or institucion, give street address or location) C. FULL RAME OF (II not in beophila or institucion, give street address or location) C. FULL RAME OF (II not in beophila or institucion, give street address or location) C. FULL RAME OF (II not in beophila or institucion, give street address or location) C. FULL RAME OF (II not in beophila or institucion, give street address or location) C. FULL RAME OF (II not in beophila or institucion) C. FULL RAME OF (II not in beop	· PLACE OF CTIL		atistics		ENCE OF MC	TUED	des seales lies	
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TOWN COOUR d'Alene C. FULL NAME OF It as in heapital or insultation, give street address or location) ROSPITADOR Age City Hospital Baby Boy Osterberg 4. SEX Sa. THIS BIRTH Baby Boy Osterberg 6. DATE OF (Month) (Day) (Year) 7. FATHER'S 8. (First) 9. AGE (As time of this birth) 10. BIRTHPLACE (Blase or foreign sountry) YEARS 10. BIRTHPLACE (Blase or foreign sountry) 11a. USUAL OCCUPATION Truck driver Trucking 12. MOTHER'S 13. COLOR OR RACE White 13. COLOR OR RACE White 14. AGE (As time of this birth) YEARS 15. BIRTHPLACE (Blase or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child when he half are now living? 17. INFORMANT Mr. Carl Osterberg 18. LENGTH OF PREC. LISS. OZS. Approximate date 20a. FETAL CAUSES 20b. MATERNAL CAUSES 20b. MATERNAL CAUSES 20c. MATERNAL CAUSES 20c. MATERNAL CAUSES 20b. MATERNAL CAUSES 20c. MATERNAL C	Koo	oten ai				Kc	oten ai	
TOWN Coeur d'Alene C. FILL NAME OF CIT to to in borgival or institution, give across address or location) REPORT ADRESS (IT TURN ADRESS (IT		orate limits, write RURAL and g	ive township)		rporate limits, write	RURAL and give	township)	
C. FULL NAME OF (If not in bosephila) or institution, give street address or location) A STREET ADDRESS 1802 N	TOWN Coeur	d'Alene		Town Coer	ır d'Alen	e		
ASEX Sa. THIS SIRTH Saby Boy Osterberg Sale	c. FULL NAME OF (II		s street address or location)	d. STREET	(If rural, give lo	cation)		
3. CHILD'S NAME (Type or Print.) Baby Boy Osterberg 4. SEX	HOSPITAL OR				300 N L+	h		
Baby Boy Osterberg S. E. THIS BIRTH S. E. THIS BIRTH S. E. THIS BIRTH S. E. THIS BIRTH S. E. (First) S. MAIGE STILLBIRTH STILLBIRT		ake or w nosp.	<u> retr</u>	<u> </u>	JUZ N. HI	и		
A SEX A SEX SEX THIS BIRTH A SINGLE THIS BIRTH SINGLE THIS BROWN THE COLUMN THE CLUMN THIS BOLDEN THE CLUMN T								
Male single X Twin Triplet 15T 2ND 3RD 5TILLBIRTH 1 55 7. FATHER'S a. (First) b. (Middle) c. (Last) 0. (Last) 6. COLOR OR RACE 7. MAME Carl 0. (BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION Truck driver Trucking 1. (Last)		Baby Boy						
Male single X Twin Triplet 157 30 360 4 1 55 7. FATHER'S a. (First) b. (Middle) c. (Last) 6. COLOR OR RACE 9. AGE (At time of this birth) 7 YEARS I I Daho 7 Truck driver 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTR YEARS I I Daho 7 Truck driver 11b. KIND OF BUSINESS OR INDUSTR YEARS I I Daho 7 Truck driver 11b. KIND OF BUSINESS OR INDUSTR 15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT Include this child the child on the date and the date on won whiting? 15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT Include this child who was born as Bullibirth, Prematurity, Asphyria as Bullibirth, Prematurity, Asphyria, sto.) 20b. MATERNAL CAUSES 20b. MATERNAL CAUSES 20c. MATERNAL CAUSES 21b. MEIGHT AT BIRTH 19 Was a standard secological test for syphilis performed? Yes	4. SEX 5a.	THIS BIRTH	,5b. IF 1	WIN OR TRIPLET (This of	hild born) 6. DAT	TE OF (Mont	th) (Day)	
S. (First) S. (A time of this birth) 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTR 11c. USUAL OCCUPATION 11c. C. (Last) 11c.	Male s	INGLE X TWIN	TRIPLET 1ST	2ND	1 1 1	_4	1	<u> 55 </u>
Carl Osterberg Mhite Make (At time of this birth) YEARS 10. BIRTHPLACE (State or foreign sountry) IIIa. USUAL OCCUPATION Truck driver Trucking 11. KIND OF BUSINESS OR INDUSTR Truck driver Trucking 12. MOTHER'S MAIDEN NAME Evelyn 13. COLOR OR RACE Drennan White 14. AGE (At time of this birth) YEARS 15. BIRTHPLACE (State or foreign country) VEARS 15. BIRTHPLACE (State or foreign country) VEARS 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child can be many children are now living? 17. INFORMANT Mr. Carl Osterberg 18a. LENGTH OF PREG. NAMCY WEEKS CAUSE OF STILLBIRTH Biato only morbid conditions LBS. OZS. Approximate date 20a. FETAL CAUSES Approximate date 20b. MATERNAL CAUSES 20a. MATERNAL CAUSES 20b. MATERNAL CAUSES 20a. ATTENDANT'S SIGNATURE attended the birth of this child who was born dead on the date stated above at m. 1 hereby certify that I attended the birth of this child who was born dead on the date stated above at m. 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 1 hereby certify that I attended the birth of this child who was born dead on the date stated above at m. 22a. ATTENDANT'S SIGNATURE (Specity If M. D., midwife, or other) 22b. DATE SIGNED UND. 25c. NAME OF CEMETERY OR CEMATORY COOLT d. Ale ne. daho Cool	7. FATHER'S		b. (Mide	ile)	c. (Last)		8. COLOR OF	RACE
9. AGE (At time of this birth) YEARS ID. BIRTHPLACE (State or foreign sountry) III. LIND OF BUSINESS OR INDUSTR Truck driver Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Truck driver Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Truck driver Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Truck driver Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Truck driver Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking C. (Last) Drennan III. KIND OF BUSINESS OR INDUSTR Trucking III. KIND OF BUSINESS OR INDUSTR Trucking III. KIND OF BUSINESS OR INDUSTR III. KIND D. (Last) Drennan III. KIND OF BUSINESS OF INDUSTR III. KIND D. (Last) Drennan III. KIND OF BUSINESS OF INDUSTR III. KIND D. (Last) Drennan III. KIND OF BUSINESS OF INDUSTR III. KIND D. (Last) Drennan III. KIND OF BUSINESS OF INDUSTR III. KIND D. (Last) Drennan III. KIND OF BUSINESS OF INDUSTR III. KIND D. (Last) Drennan III. KIND OF BUSINESS OF INDUSTR III. KIND OF BUSINESS OF INDUSTR III. KIND D. (Last) Drennan III. KIND OF BUSINESS OF INDUSTR III.	NAME	Cowl		(leterhera		Whit.	۵
YEARS Idaho Truck driver Trucking 2. MOTHER'S MAIDEN S. (First) D. (Middle) C. (Last) IS. COLOR OR RACE 3. MAIDEN Drennan Drennan Uhite Uhite 4. AGE (At time of this birth) S. BIRTHPLACE (State or foreign country) A MOTHER (De NOT include this chift 4. AGE (At time of this birth) YEARS Uashington IS. BIRTHPLACE (State or foreign country) A How many children were children were still born with a how many children are now dead? 5. BIRTHPLACE (State or foreign country) A How many children were children were still born with a how many children were still born were children were still born were still bor	0.105							
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MAIDEN NAME Evelyn 15. BIRTHPLACE (State of foreign country) YEARS VEARS VE	Y	ears Ldah				Truck	·	
NAME Second Seco	12. MOTHER'S	a. (First)	b. (Mide	dle)	c. (Last)		13. COLOR O	RRACE
15. BIRTHPLACE (State or foreign country) YEARS VAST VAST VAST VAST VAST VAST VAST VAST	NAME	Evelvn			Drennan		White	
Approximate date. State and Complications of Pregnancy and Labor Prematurity, Asphyxia, etc.) 23a. Attendant's signature attended the birth of this child who was born dead on the date stated above at the children were still born alive but are now dead? 1 1 1 1 1 1 1 1 1	14. AGE (At time of this bir		ate or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER ((Do NOT inclu	ie this child
Mr. Carl Osterberg 1 1 1 pregnancy)? O Mr. Carl Osterberg 18a. LENGTH OF PREGNANCY NANCY WEEKS LBS. OZS. DZS. Approximate date LBS. OZS. DZS. Approximate date CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT) use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES 20c. MATERNAL CAUSES 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Thereby certify that I attended the birth of this child who was born dead on the date stated above at		YEARS Washing	ton	a. How many children are now living?	b. How many born alive but s	children were re now dead?	children wer	e stillborn
18a. LENGTH OF PREG. NANCY WEEKS LBS. OZS. Approximate date. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT) use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES 20b. MATERNAL CAUSES 20b. MATERNAL CAUSES 20c. ATTENDANT'S SIGNATURE (Specify II M. D., midwife, or other) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATA ALL OPERATIONS FOR DELIVERY AMADY . POSIT: UNT. USE ON M. D. M. D., midwife, or other) 23a. ATTENDANT'S SIGNATURE (Specify II M. D., midwife, or other) 23b. DATE SIGNED 4-1-55 11 NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) Coeur d'Alene, Idaho ADDRESS Approximate date. No	17. INFORMANT			1	1		pregnancy)?	0
18a. LENGTH OF PREG. NANCY WEEKS LBS. OZS. Approximate date. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT) use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES 20b. MATERNAL CAUSES 20b. MATERNAL CAUSES 20c. ATTENDANT'S SIGNATURE (Specify II M. D., midwife, or other) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATA ALL OPERATIONS FOR DELIVERY AMADY . POSIT: UNT. USE ON M. D. M. D., midwife, or other) 23a. ATTENDANT'S SIGNATURE (Specify II M. D., midwife, or other) 23b. DATE SIGNED 4-1-55 11 NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) Coeur d'Alene, Idaho ADDRESS Approximate date. No	Mr. Carl Os	terberg		<u> </u>			·	
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR TACHON POSIT: UNT. USUSON, CONNECTIVE OF PREGNANCY AND LABOR I hereby certify that I attended the birth of this child who was born dead on the date stated above at	NANCY	1			or syphilis r	erformed?	Yes	No
causing fetal death (do NOT uses such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR TAMAN . POSIT: UNIT . USES DE LIVERY I hereby certify that I attended the birth of this child who was born dead on the date stated above at		20. FETAL CAUSES	anahuvi	3 loan N	Contain	n ~ d		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY TAMBY . POSIT: UNT. UELSON, BONGCL HUNG LOWER UTELIAN ALG. OF OTHER) 1 hereby certify that I attended the birth of this child who was born dead on the date stated above at	State only morbid cond	litions	un je ing ze	~ time &	UIC ACC	0044.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY TAMBY . POSIT: UNT. UELSON, BONGCL HUNG LOWER UTELIAN ALG. OF OTHER) 1 hereby certify that I attended the birth of this child who was born dead on the date stated above at	causing fetal death (do use such terms as Still	birth, 20b. MATERNAL CA	USES	,				
Transv. Posit unt. Uses on, Bandey Jung Lewer uterine Registrate Read I hereby certify that I attended the birth of this child who was born dead on the date stated above at	Prematurity, Asphyxia,	etc.)						
Trampy. Posit: unt. Userson, Dandey Ning Lewis Literary Alg., and Read Reposity in the Literary of Court of Alene. Attended the birth of this child who was born dead on the date stated above at	21 STATE ANY COMPLI	CATIONS OF PREGNANCY A	ND LABOR (22. STATE ALL OPER	ATIONS FOR DE	IVERY	1	1 0
attended the birth of this child who was born dead on the date stated above at		t unt. Ususia	1, Dandey					
attended the birth of this child who was born dead on the date stated above at	I hereby certify th	hat I 23a. ATTENHAN	IT'S SIGNATURE	(Specify if M.	D., midwife, or ot	her)	23b. DATE SI	GNED
on the date stated above 23c. ATTENDANT'S ADDRESS If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL 11. 11. 12	attended the birth of	this \	sende U	mexan!	M.D.		1 4-15	7 7
at	child who was born	above 23c. ATTENDANT'S	ADDRESS		TURE OF AUTHO	RIZED OFFICIA	L	TITLE
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) TION, REMOVAL (Byodify) 4-1-55 Forest Cemetery Coeur d'Alene, Idaho DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26c. FUNERAL DIFFECTOR ADDRESS								
Burial 4-1-55 Forest Cemetery Coeur d'Alene, Idaho DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIFFECTOR ADDRESS ADDRESS					25d. LOCATION	(City, town, or	county)	(State)
Burial 4-1-55 Fortest Cemetery Coeur d'Alene, Lano DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR () ADDRESS ()	TION, REMOVAL (Breedly)) , , , , , , , , , , , , , , , , , ,						,
DATE REC'D BY LOCAL REPOSTRAR'S SIGNATURE / //		4 -1- 55		~~~ ~~~~				
T-T-S CHICAGO STATE		REDISTRAR'S SIGNATUR	E Brush	26. FUNERAL DIRECT	TOR .	Leun	COLUMN (20%
	T-T 33	Charles.	· · · · · · · · · · · · · · · · · · ·	· · · · ·				Se

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PHS-797(VS) 4-48 FEDERAL SECURI	A	CEIVE RR 22 1955	(1949 Revision	on of S	Standard Certificate OF STILLBIF	;) ?TH	State File		075 20
PUBLIC HEALTH SE	Divisi	on of Vital Stat	istics Sta	te of	Idaho		Reg. Dist.	No	
1. PLACE OF ST a. COUNTY	ILLBIR	тн Lemhi			2. USUAL RESID		THER (Where	does mother i	ive?)
b. CITY (If outside OR TOWN	Sal:	mits, write RURAL and	give township)		c. CITY (If outside co	tterson	RURAL and give	township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION		hospital or institution, gi		tion)	d. STREET ADDRESS	(If rural, give lo	cation)		
3. CHILD'S NAN ((Type or Print)	/E	/ickey Lym		n					
4. sex	5a. THIS	BIRTH			VIN OR TRIPLET (This o	hild born) 6. DA	E OF (Mont	·) (Year) 1955
7. FATHER'S NAME	Joh	a. (First)	"yron	(Middl	-	c. (Last) dison		8. COLOR o	
9. AGE (At time of this 26	e birth) YEARS	10. BIRTHPLACE (8 √hitehal			11a. usual occupat Diamond Di		11b. KIND OF	BUSINESS C	R INDUSTRY
12. MOTHER'S MAIDEN NAME	Jan	a. (First)	b.	(Middl	•) Laing(Ma	c. (Last) adison)		13. COLOR tih	or race ite
14. AGE (At time of thi		15. BIRTHPLACE (8			16. CHILDREN PREVIO	b. How many			
17. INFORMANT	YEARS	lmackey,	daho .		dren are now living?	born alive but a	re now dead?	(born dead pregnancy)	any OTHER ere stillborn after 20 weeks
18a LENGTH OF PRI NAN WEEKS		WEIGHT AT BIRTH LBS. OZS.	19 Was a stand	dard :	serological test f	or syphilis p	erformed?	·	
CAUSE OF STILL State only morbid oc causing fetal death (use such terms as 8 Prematurity, Asphyx	onditions do NOT tillbirth.	20a. FETAL CAUSES 20b. MATERNAL CA		uj .	woman A	inged +	pll m T	te i	٠
21. STATE ANY COM	PLICATION	S OF PREGNANCY	ND LABOR		22. STATE ALL OPERA	ATIONS FOR DEL	stanens	s di	luen
I hereby certify attended the birth child who was bor	of this	23a. ATTENDAN	The R	£,	(Specify if M. I	., midwitt, or oth	er)	23b. DATE S	SIGNED
on the date stated	l above	23c. ATTENDANT'S	ADDRESS		If VD 24. SIGNAT attended by physician	TURE OF AUTHO	RIZED OFFICIAL	L	TITLE
25a. BURIAL, CREM TION, REMOVAL (8)000 Burial	lfy)	DATE 7 - 55	25c. NAME OF CEM Salmon	IETERY	OR CREMATORY	25d. LOCATION	(City, town, or Idaho	•	(State)
THE REC'D BY LOCAL THE PROPERTY OF THE PROPERT	AL REG	ISTRAR'S SIGNATUR	folice	on	26. FINERAL DIRECTO		AD	DRESS	 _Idaho
					/U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-U-				

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1-48		EIVEL	(1949 Rev	ision of	Standard Certifica	ıte)	State File	e No	07.5
FEDERAL SECURI' PUBLIC HEALTH SER		F7 1955 Vital Sector		ATE State of	OF STILLBI Idaho	RTH		g. No	
1. PLACE OF ST	illbir yette	TH			2. USUAL RESI	DENCE OF MO	OTHER (Who	re does mother li Payette	ve?)
b. CITY (If outside OR TOWN Pa	oorporate liu yette	nite, write RURAL ar	d give township)		II OK	oorporate limite, write			
c. FULL NAME OF HOSPITAL OR INSTITUTION	Payett	cepital or institution. te General	give atreet address or I Hospital	location)	d. STREET ADDRESS	(If rural, give t)77 First	-	S ou t h	
3. CHILD'S NAN ((Type or Print)		VALORIE (AIL MAIN						
Female	Sa. THIS B	X TWIN	TRIPLET	5b. IFT	WIN OR TRIPLET (TE	schild born) 6. DA ST	TE OF (Mor	nth) (Day) ril 27,	(Year) 1955
7. FATHER'S NAME		a. (First) Jesse		b. (Midd	le)	c. (Last) Main		8. COLOR C	R RACE
9. AGE (At time of this	birth) YEARS	Armour, 1	(State or foreign count Vebra ska	ry)	ma. USUAL OCCUP Fireman	ATION		f business o Frozen	
2. MOTHER'S MAIDEN NAME	<u>.</u>	a. (First) Elvira		b. (Midd	<u> </u>	c. (Last) Buffingto		White	
4. AGE (At time of this 22 7. INFORMANT			South Da		a. How many chil dren are now living			c. How man children we (born dead a	ny OTHER ere stillborn after 20 weeks
LENGTH OF PRE	CY	WEIGHT AT BIRTH	was a su	andard	serological test	for syphilis	performed?	Yes	
CAUSE OF STILLI	BIRTH onditions	LBS. # OZS 20a. FETAL CAUS		nate da	e Jan	ary 195			
state only morbid co ausing fetal death (d use such terms as 8) Prematurity, Asphyxia	tillbirth, a, etc.)	206. MUTERNAL O	AUSES Knot	in	Cord.				
1. STATE ANY COMP	LICATIONS	S OF PROGNANCY	AND LABOR		22. STATE ALL OPE	RATIONS FOR DE	.IVERY		
I hereby certify attended the birth hild who was bor	of this n dead	6	NT'S SIGNATI	URE			M.D.		27, 1955
n the date stated at 12:30 a	_ m.]	23c. ATTENDANT'S Payette,	[daho		attended by physician	ATURE OF AUTHO			TITLE
5a. BURIAL, CREM. ION, REMOVAL (Specific Burial	Apr	il 27,195	Riversi		·	Payette,	Idaho	·	(State)
PATE REC'D BY LOCA	REGIS	STRAR'S SIGNATU	EE LA	No.	26. FUNERAL DIREC	TOR ARS L	Pa Pa	ayette,	Idaho
-		/	•		110		17		

PHS-797(VS)

PHS-797(VS)

A-48

FEDERAL SECURITY LATE 1955

PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State File No	
Local Reg. No	23
Reg. Dist. No. 6	-0

Division of Vital Statistics	State of Idaho	Reg. Dist.	No. 6 7 0
1. PLACE OF STILLBIRTH a. COUNTY Teton.	II a STATE	ENCE OF MOTHER (Where	
b. CITY (If outside corporate limits, write RURAL and give townshi OR TOWN DogG5	c. CITY (If outside con	Toporate limits, write RURAL and give	Tefon- township)
c. FULL NAME OF (If not in hospital or institution, give street add HOSPITAL OR INSTITUTION To fon Valley Hesp. 4	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)			
4. SEX 5a. THIS BIRTH Male SINGLE TWIN TRIPLET	5b. IF TWIN OR TRIPLET (This ch	onid born) 6. DATE OF (Mont	h) (Day) (Year)
7. FATHER'S a. (First) NAME ///a/ten	b. (Middle) Dewey	af kinson-	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign 44 YEARS) 1000 5 C. POSS	a country) 11a. US AL OCCUPAT	ION 11b. KIND OF	BUSINESS OR INDUSTRY
2. MOTHER'S 8. (First) MAIDEN NAME MALE	Bernice. M	c. (Last)	13. COLOR OR RACE
4. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign 4. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign)		b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
Walter D. atkinson	Lather 7	© Com saive but sie now desair	(born dead after 2° weeks pregnancy)?
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was Apple 18b. 6 OZS. Apple 18b. 6 OZS. Apple 18b. 6 OZS. Apple 18b. 6 OZS.	a standard serological test for coximate date	or syphilis performed?	Yes No
CAUSE OF STILLBIRTH state only morbid conditions ausing fetal death (do NOT se such terms as Stillbirth, 20b. MATERNAL CAUSES	apre of the C	ord.	
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)			
I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	
I hereby certify that I 23a. ATTENDANT'S SIG	NATURE (Specify if M. D.	, midwife, or other)	23b. DATE SIGNED 4-6-55
in the date stated above 23c. ATTENDANT'S ADDRESS Ut	attended by physician	URE OF AUTHORIZED OFFICIAL	TITLE
10N, REMOVAL (Specify) april 5-53 Bus	icl on the rank	25d. LOCATION (City, toyn, or o has Bhafa	ounty) (State)
optil 8-65 Stille Griggs	26. FUNERAL DIRECTO	DR ADE	PRESS

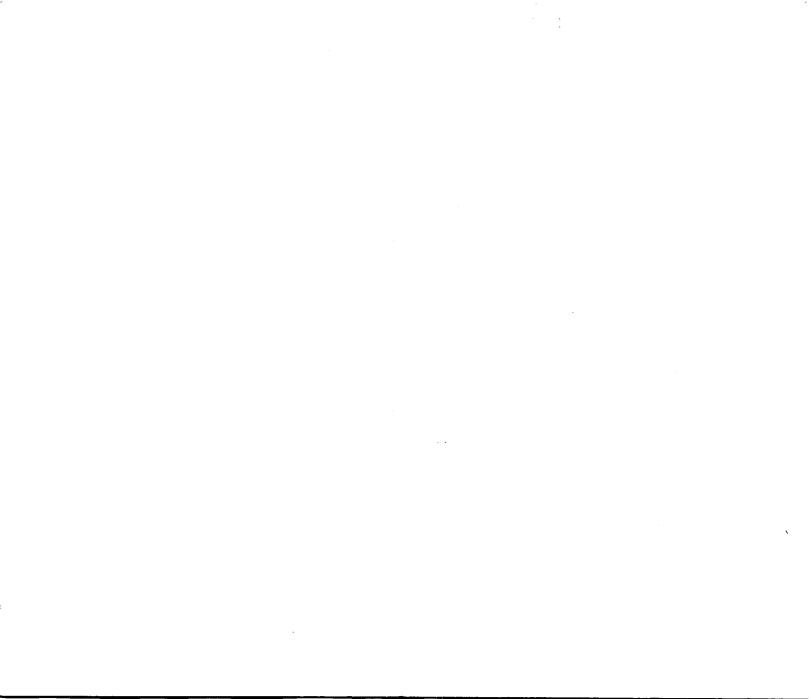
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RECEIVED	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	0 * 0
PUE 707(VE) (10/0 Parision of	Standard Certificate) State File	No.
FEDERAL SECURITY AGENCY 1355 CERTIFICATE			No. 69.
PUBLIC HEALTH Division of Vital Statistics State of		Reg. Dist.	No
1 PLACE OF STILLBIRTH		ENCE OF MOTHER (Where	
a. COUNTY	a. STATE 4	b, COUNTY	does mother liveT)
rum tare	- de	<u></u>	wentalls.
b. CITY (If outside corporate limits, write RURAL and give township) OR	OR	rporate limits, write RURAL and give	township)
TOWN Twin tells	d. STREET	~ Jack	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION There you have you have the street address or location.	ADDRESS	(If rural, give location)	
3. CHILD'S NAME			
(Type or Print) Baby Girl Price			
	WIN OR TRIPLET (Tbbe o	STILLBIRTH	th) (Day) (Year)
7 FATHER'S a. (First) triplet 1st 2		c. (Last)	8, COLOR OR RACE
7. FATHER'S a. (First) b. (Midd	це)	S c. (Last)	or Colon on Mace
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TON 11b. KIND OF	BUSINESS OR INDUSTRY
36 YEARS Itahs		Beale	u Trantin
	ile)	c. (Last)	13. COLOR OR RACE
12. MOTHER'S a. (First) b. (Midd NAME	1	talen	u/
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) /	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER	Do NOT include this child)
29 YEARS Kimberly	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	,	_	(born dead after 20 weeks pregnancy)?
North & State of	<u> </u>	l U	
18a. LENGTH DF PREGATED AND THE NANCE AND THE NANCE AND THE NANCE AND THE NANCE AND THE NAME AND		or syphilis performed?	YesX No
M. FETAL CAUCES	/	······································	
CAUSE OF STILLBIRTH State only morbid conditions	- Clarta		
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES			
Prematurity, Asphyxia, etc.)			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
_	ne	٠.	
I hereby certify that I 23a. ATTENDANTS SIGNATURE	<u> </u>	D., midwife, or other)	23b. DATE SIGNED
attended the birth of this	Voces	me	4-7-55
on the date stated above 23c ATTENDANT'S ADDRESS	If NOT 24. SIGNA	TURE OF AUTHORIZED OFFICIA	L TITLE
	attended by physician		
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Burial Apr. 7.55 Sunset Mem	. Park	Twin Falls.	Idaho
DATE REC'D BY LOCAL REGISTOAR'S SIGNATURE	2 FUNERAL DIRECT		Presary
Thil 8 1966	When his	win Fal	ls. Idaho
Lynn 0,175 Conord Journal			
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PHS-797(VS) RE	CEIVE	1949 Revision of	Standard Certificate		le No.
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE		eg. No			
	ion of Vital Statis	Sigle of	Idaho	Reg. Dis	t. No
1. PLACE OF STILLBIR a. COUNTY Jum	falls		a. STATE	ENCE OF MOTHER (WILL ARE) . b. COUNTY	
b. CITY (If outside corporate line of town Twin Fg		s township)	l OR	rporate limite, write RURAL and g	rive township)
c. FULL NAME OF (If not in) HOSPITAL OR INSTITUTION Mague		m Hospital	d. STREET ADDRESS	(If rural, give location) Advisor A	venue West.
3. CHILD'S NAME ((Type or Print)	Hugh M. N	V Nelson, Jr			
4. SEX 5a. THIS	BIRTH	,5b. IF T	WIN OR TRIPLET (This c	6. DATE OF (M STILLBIRTH	onth) (Day) (Year)
male SINGLE		TRIPLET 1ST		3RD 💹 🦷	pril 14 1955.
7 FATHER'S NAME	a. (First)	b. (Midd	_	c. (Last)	8. COLOR OR RACE
	Hugh	<i>n</i>	<u> </u>	Telson I III KIND	OF BUSINESS OR INDUSTRY
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State	or foreign country)	112. USUAL OCCUPAT	ent agency	
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd	ile)	c. (Last) Mauren	13. COLOR OR RACE
14. AGE (At time of this birth)	15. BIRTHPLACE (90)	or foreign country)		OUSLY BORN TO THIS MOTHE	
37 YEARS	1 de	also_	a. How many chil- dren are now living?	b. How many children we born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
17. INFORMANT Mrs. Doro	othy Nelson	n	4	0	pregnancy)?
		⁹ Was a standard		or syphilis performed	? Yes X No
38 WEEKS 1	LBS. 10 OZS.	Approximate da	te pot frime	uter	
CAUSE OF STILLBIRTH	20a. FETAL CAUSES				
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUS		4_		
Prematurity, Asphysia, etc.)	Kup	luce \$	Uleru	1	
21. STATE ANY COMPLICATIO	ns of pregnancy an	D LABOR //	22. STATE ALL OPER	ATIONS FOR DELIVERY	
I hereby certify that I	23a. ATTENDANT	'S SIGNATURE	(Specify it.)	D., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	Tora	on D. C	Old has	w m	17/14/50
on the date stated above	E3c. ATTENDANT'S AL		If NOT 24. SIGNA	TURE OF AUTHORIZED OFFI	CIAL TITLE
at m.	Twin Fall		physician		or county) (State)
TION DEMOVAL (Greater)	i	25c. NAME OF CEMETER Sunset Memo	\sim	Twin Fal	, 0. 000,
DATE REC'D BY LOCAL REG.	enora)	Joiman 1	26. FUNERAL DIRECT		ADDRESS June Talks Isla
1	- 0			,	<i>U</i>

albert	
	(1949 Revision of Standard Certificate) State File No
	FEDERAL SECURITY AGENTY (20 195 ERTIFICATE OF STILLBIRTH Local Reg. No. 2/2
	Division of Vital Statistics State of Idaho Reg. Dist. No
	1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
	a. STATE Sclado b. COUNTY Twen Falls
	D. U.I.I. (If outside corporate limits, write RURAL and give township)
	TOWN Junio 200 Illy TOWN Castilly
	C. FULL NAME OF (If not in hospital or institution, give arrost address or location) d. STREET (If rural give location)
	HOSPITAL OR YM O Rea Da O en Membre
	3. CHILD'S NAME ((Type or Print)
•	4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year)
	Female SINGLE X TWIN TRIPLET IST 2ND 3RD STILLBIRTH April 15, 1955
	7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE
	alla Genes w.
	9. AGE (As time of this birty) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
	12. MOTHER'S MAIDEN NAME 12. MOTHER'S MAIDEN NAME 13. COLOR OR RACE 14. Mother 15. (Last) 16. (Last) 17. (Last) 17. (Last)
	14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
	133 VEARS 124 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	dren are now living? born alive but are now dead? children were still born (born dead after 20 weeks pregnancy)?
	18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH 19 Was a standard comband of the standard of the
	9 mo. NANCY Was a standard serological test for syphins performed? Yes. A No
	OAUSE OF STILLBIRTH State only morbid conditions Approximate the Cadrina Sland
	causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES
	Prematurity, Asphyxia, etc.)
	21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY
	mone
	I hereby certify that I 23a. ATTEMPANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED
	attended the birth of this
	on the date stated above 23c. ATTENDANT'S ADDRESS II NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
: *	at 11:00 H.m. Buhl. Idaho attended by physician
	25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State)
•	Burial Apr. 18, 55 Buhl City Cemetery Buhl Idaho DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26, EUNERAL/DIRECTOR 1 ADDRESS
	REG. REG. REG. Reg. Buhl. Ida ho
	TOUR OF WARMENUTE, TOR NO



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PHS-797(VS) 4-48 FEDERAL SECURITY PUBLIC HEALTH SERV		Standard Certificate		No
PUBLIC HEALTH SERV				No460
1. PLACE OF STI		a STATE /	ENCE OF MOTHER (When	_ ,
/Wii	rporate limits, write RURAL and give township)		norporate limits, write RURAL and giv	Iwin Falls
OR		! OR //	Hetord	4 *** mmp/
c. FULL NAME OF (If not in hospital or institution, give street address or location)	d. STREET	(If rural, give location)	
HOSPITAL OR INSTITUTION	Pagic Valley Memorial Hosp.	ADDRESS		
3. CHILD'S NAMI	E' /			
((Type or Print)				
		WIN OR TRIPLET (This of	hild born) 6. DATE OF (Mor	
	SINGLE TWIN TRIPLET IST		c. (Last)	/6 /953
7. FATHER'S NAME	a. (First) b. (Midd	16)	- 1	6. COLOR OR RACE
9. AGE (At time of this	Trunk (/r)	11a. USUAL OCCUPAT	TON 11b. KIND O	F BUSINESS OR INDUSTRY
2.5	YEARS Rogers Ar K.	Laborer		
12. MOTHER'S	a. (First) b. (Midd		c. (Last)	13. COLOR OR RACE
MAIDEN NAME	Janet		Reeves	W
14. AGE (At time of this	birth) 15. BIRTHPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER	
19	YEARS Milford, Neb	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
17. INFORMANT	minida Amerika	0	0	pregnancy)?
IBa. LENGTH OF PREG	inklin Oxford	 	bills - outsd 9	<u> </u>
32 WEEKS	2 LBS. 8 OZS. Approximate da		or syphilis performed? mester	1es No
CAUSE OF STILLE		nucerati	el Letus)	
State only morbid con causing fetal death (duse such terms as St	o NOT IIIDITES 20b, MATERNAL CAUSES			
Prematurity, Asphyxia	nibirth, ab. MATERNAL CAUSES (No	Thero	wn)	
21. STATE ANY COMPI	LICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
noto	expearent,	1 200		Last DATE CIONED
I hereby certify attended the birth	that 1 23a. ATTENDANT'S SIGNATURE	(Specify if M. 1	O., midwife, or other)	23b. DATE SIGNED
child who was born	n dead	I I NOT 24. SIGNA	TURE OF AUTHORIZED OFFICE	AL TITLE
on the date stated	Buhl, Idaho	attended by physician		
25a. BURIAL, CREM/ TION, REMOVAL (Specific			25d. LOCATION (City, town, o	or county) (State)
cremation	4-16-55 Magic Valley	Memorial Hos	p. Twin Falls	. Idaho
DATE REC'D BY LOCA	AL REGISTRAR'S SIGNATURE , 9	26, FUNERAL DIRECT	OR A	DDRESS
april 16, 195	5 Juna (Soman		lley Memorial Ho	spital
,		Twin Fal:	ls, Idaho	

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RECEIVED	Shared Courts and	Pa. HANGHE
PHS-797(VS) 1-48 APR 25 19:5 (1949 Revision of FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE Division of Vital Statistics State of Public Health Service Division of Vital Statistics State of Public Health Service Division of Vital Statistics State of Public Health Service Division of Vital Statistics State of Public Health Service Division of Vital Statistics State of Public Health Service Division of Vital Statistics State of Public Health Service Division of Vital Statistics State of Public Health Service Division of Vital Statistics State of Public Health Service Division of Vital Statistics State of Public Health Service Division of Vital Statistics State of Public Health Service Division of Vital Statistics State of Public Health Service Division of Vital Statistics State of Public Health Service Division of Vital Statistics State of Public Health Service Division Of Vital Statistics State of Public Health Service Division Of Vital Statistics State of Public Health Service Division Of Vital Statistics State Of Public Health Service Division Of Vital Statistics State Of Public Health Service Division Of Vital Statistics State Of Public Health Service Division Of Vital Statistics State Of Public Health Service Division Of Vital Statistics State Of Public Health Service Division Of Vital Statistics State Of Public Health Service Division Of Vital Statistics State Of Public Health Service Division Of Vital Statistics State Of Public Health Service Division Of Vital Statistics State Of Public Health Service Division Of Vital Statistics State Of Public Health Service Division Of Vital Statistics State Of Public Health Service Division Of Vital Service Div		NO
PLACE OF STILLBIRTH a. COUNTY Washington b. CITY (II outside corporate limite, write RURAL and give township)	2. USUAL RESIDENCE OF MOTHER (Where a. STATE Idaho b. COUNTY W	ashington
C. FULL NAME OF (II not in hospital or institution, give street address or location) HOSPITAL OR	d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME ((Type or Print) INFANT GIRL BOSLAU	737 E. Court St.	
Female SINGLE K TWIN TRIPLET IST	TWIN OR TRIPLET (This child born) 6. DATE OF (Month STILLBIRTH Apri	1 16, 1955
NAME Donald Dean	Boslau	8. COLOR OR RACE White
9. AGE (At time of this birth) 24 YEARS Sterling, Nebr.	Ass't Manager Grocer	*
2. MOTHER'S a. (First) b. (Mid MAIDEN Barbara Lee	Watkins	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 19 YEARS Weiser, Idaho 7. INFORMANT		o NOT include this child) c. How many OTHER children were stillborn (porn dead after 20 weeks
Nonale D. Boslou	none none	产业中央 中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央
37 WEEKS 6 LBS. 9 OZS. Approximate da	serological test for syphilis performed?	Yes. X. No
CAUSE OF STILLBIRTH State only morbid conditions ausing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES Unknot 20b. MATERNAL CAUSES TONL	wn	

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Specify if M. D., midwife, or other)

I hereby certify that I attended the birth of this child who was born dead on the date stated above

24. SIGNATURE OF AUTHORIZED OFFICIAL

23b. DATE SIGNED

If NOT attended by physician 25c. NAME OF CEMETERY OR CREMATORY 25b. DATE

25d. LOCATION (City, town, or county)

TITLE

(State)

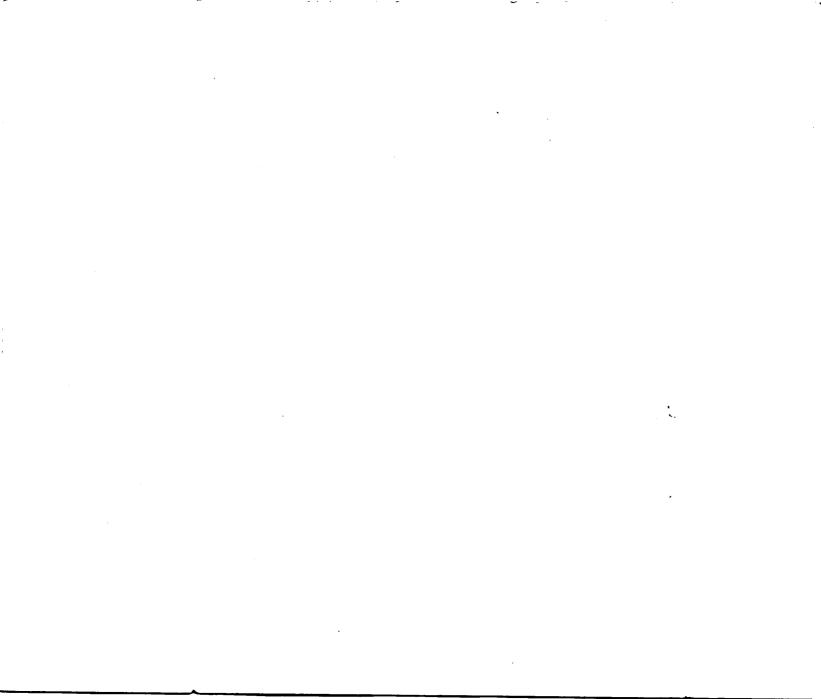
Idaho

25a. BURIAL, CREMA-TION, REMOVAL (Specify) Cremation REGISTRAR'S SIGNATURE

Northam-Jones 26. FUNERAL DIRECT

Weiser, Idaho

ADDRESS Weiser,

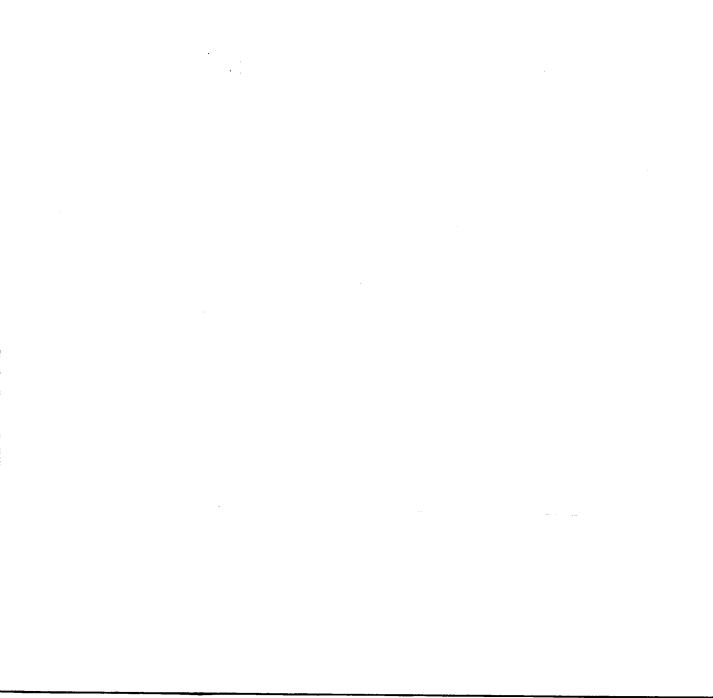


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PHS-797(VS)	E 4 11		[(1949 Revision of	Standard Certificat	e)	State File	No OAA
1-48 FEDERAL SECUR	ITV ACE	MAY 27 15:	TA DA	•	•	Local Reg	110
PUBLIC HEALTH SE	DVICE	4 171 1 0	CERTIFICATE		KIM		- 11 ·
	DIVI	don of Vital S	tatistics State of	Idaho		Reg. Dist.	NO
1. PLACE OF S	TILLBIR	TH		2. USUAL RESID	ENCE OF MC	THER (Where	does mother live?)
a. COUNTY	Banr	ock .		a. STATE Id	aho	b. COUNTY	Bannoc k
	e corporate li	mite, write RURAL az	d give township)	c. CITY (If outside e	orporate limits, write	RURAL and give	township)
OR TOWN	Pocat	ello		TOWN Po	catello		
c. FULL NAME O			give street address or location)	d. STREET ADDRESS	(If rural, give lo	mtion)	
INSTITUTION	Ranno	ck Memori	al Hospital	Ro	ute #2. N	orth	
3. CHILD'S NA	ME	<u> </u>				 · · · · · · · · · · · · · · · · · · 	
(Type or Print	!)	HERB	ERT RAY HATTEN				
4. SEX	5a. THIS	BIRTH	.5b. IF T	WIN OR TRIPLET (This	shild born) 6. DAT	E OF (Mont	
Male	SINGLE	TWIN 🗆	TRIPLET 1ST	2ND	SRD .	Apri	11 27, 1955
7. FATHER'S NAME		a. (First)	b. (Midd	LLe)	c. (Last)		8. COLOR OR RACE
		Herbert	Olive	er	Hatten		White
9. AGE (At time of the	his birth)	10. BIRTHPLACE	(State or foreign country)	11a. USUAL OCCUPA	TION		BUSINESS OR INDUSTRY
42	YEARS	Pocatell	o, Idaho	Machinist		U. P.	R. R.
12. MOTHER'S MAIDEN		a. (First)	b. (Mide	ile)	c. (Last)		13. COLOR OR RACE
NAME		Mary	Rebe	cca	Whitake	r	White
14. AGE (At time of the	his birth)	15. BIRTHPLACE	(State or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO	HIS MOTHER (Do NOT include this child)
J ₁ 7	YEARS	Jackson	ville, Florida	a. How many chil- dren are now living?	b. How many born alive but a	children were	c. How many OTHER children were stillborn
17. INFORMANT	r						(born dead after 20 weeks pregnancy)?
Mary Rebe	cca H	tten. Mot	her	Four	Fiv	9	
18a. LENGTH OF PR		WEIGHT AT BIRTH	A as a staticiation		or syphilis p	erformed?	Yes X No.
40 WEEKS	3	9 LBS. ^C 출 ozs	Approximate da	te / L	<i>e –</i> :	4	cut-
CAUSE OF STIL	LBIRTH	20a. FETAL CAUS	es two su	efter the	or ue	-	
State only morbid	conditions	are the	a next to us	faced stra	ugulale	of cue	culation
causing fetal death	Stillbirth,	20b. MATERNAL	CAUSES ,	0 0		^	
Prematurity, Asphy	XIA, etc.)	\mathcal{L}	rabelie.	Boby dea	& about	2 day	W.
21. STATE ANY COM	MPLICATION	S OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY	. ^
Shoulde	u ste	ck-mod	he exhausted	1 manuel	delivery	show	el dero.
I hereby certif		23a. ATTENDA	NT'S SIGNATURE	(Specify if M.)	D., midwife, or oth	er)	23b. DATE SIGNED
attended the birt child who was b			C / ay	m,U,			1-2-1950
on the date state		23c. ATTENDANT	S ADDRESS	If NOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L TITLE
at 12:10 F	a m.	Poca		physician			
25a. BURIAL, CRE	wify)	DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	country (Syste)
Burial	7	30-55		W	Poca	Ula.	Zdaho
DATE REC'D BY LO	CAL REG	STRAR'S SIGNAT	IRE OA'	26. FUNERAL DIRECT	TOR /	2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DDRESS
2-23-53	7	vam	Walley)	Come	alle		ocatella.
							(daha)

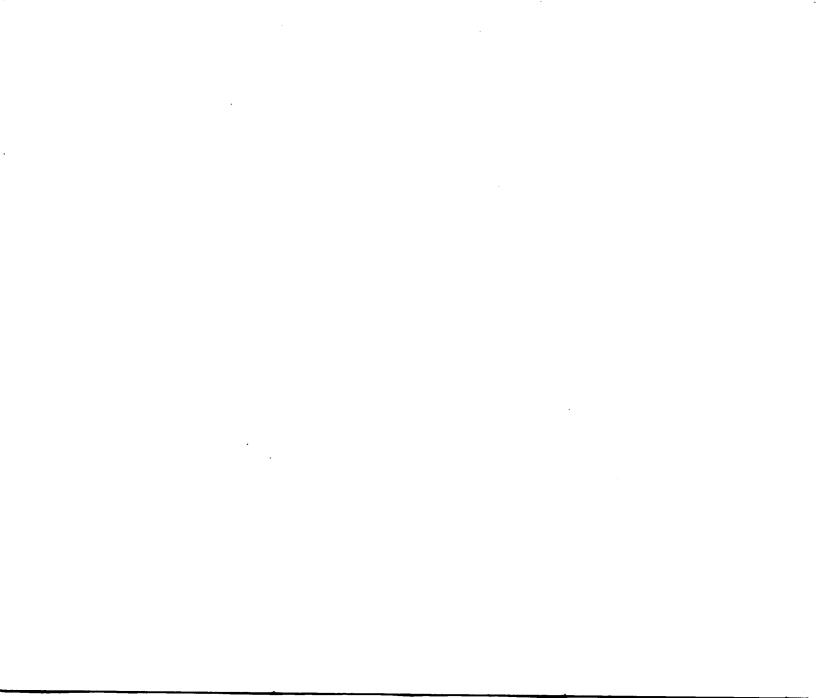
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PHS-797(VS) 4-48	KE	CFIVE	1949 Revisio	n of	Standard Certificat	e)	State File	No
FEDERAL SECURITY AGENCY 24 1955CERTIFICATE O					OF STILLBIRTH Local Re			. No. 53
		on of Vital Stat			Idaho		Reg. Dist.	No6./0
I. PLACE OF ST	ILLBIR	TH THE	istics		2. USUAL RESID	ENCE OF MO	THER (Where	a does mother live?)
a. COUNTY Bo	nnevi	.lle			a. STATE	aho	b. COUNTY	Butte
b. CITY (If outside of OR	corporate li	mite, write RURAL and	give township)		C. CITY (If outside co		RURAL and give	township)
Town Id	aho F					oore		
c. FULL NAME OF HOSPITAL OR INSTITUTION		red Heart Ho		tion)	d. STREET ADDRESS	(If rural, give lo	ocation)	
3. CHILD'S NAM								
((Type or Print)					SHAWNA	F	URCH	
4. SEX !	5a. THIS I		.51	b. IF T	WIN OR TRIPLET (This	hild born) 6. DA	TE OF (Mont	th) (Day) (Year)
Female	SINGLE	X TWIN	TRIPLET	1ST [3RD S11	LLBIRTH (CA	ril 7. 1955
7. FATHER'S NAME		a. (First)	b.	(Midd	le)	c. (Last)		8. COLOR OR RACE
		William				Burch		White
9. AGE (At time of this	birth)	10. BIRTHPLACE (St.	ate or foreign country)		11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDUSTRY
	YEARS	Unkr	nown		Unkno	wn		
12. MOTHER'S MAIDEN		a. (First)	b.	(Midd	le)	c. (Last)		13. COLOR OR RACE
NAME	· · · · · · · · · · · · · · · · · · ·	Mildred				Watte	rlyn	White
14. AGE (At time of this	birth)	15. BIRTHPLACE (8t	ate or foreign country)			,		Do NOT include this child)
20	YEARS	Unknown	<u> </u>		a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many OTHER children were stillborn
17. INFORMANT	. 1	n .	1 - 2	. /				(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PRE	ed 1	surch.	- Moth		11	0		0
NANC		WEIGHT AT BIRTH	19.Was a stand	lard	serological test i	or syphilis p	erformed?	YesNo
38 WEEKS		LBS, OZS. 20a. FETAL CAUSES	Approximat	e da	ie.	·		
CAUSE OF STILL! State only morbid co		ANE. FETAL CAUSES	70	1	12	1.0	7.	
causing fetal death (duse such terms as Si	io NOT	20b. MATERNAL CA	HEDE	0	M2 Cori	3	runs	
Prematurity, Asphyxic	a, etc.)	COD. MATERIAL CA	0363			,		
21. STATE ANY COMP	LICATION	S OF PREGNANCY A	ND LABOR		22. STATE ALL OPERA	ATIONS FOR DEL	IVFRY	
	200	ف					wa	
I hereby certify	that I	23a. ATTENDAN	T'S SIGNATUR	<u>'</u>	(Specify if M. I)., midwife, or oth	ner)	23b. DATE SIGNED
attended the birth	of this	Carl	R Care	9	ms.	,,	/	4/7/5-5-
child who was bor on the date stated		23c ATTENDANT'S	ADDRESS			TURE OF AUTHOR	RIZED OFFICIAL	L TITLE
at	_ m.	Idaho 7	allo Id		attended by physician			
25a. BURIAL, CREM TION REMOVAL (Specifical)	A- 25b.	DATE Fril 9-1955	• /	n .	OR CREMATORY ver Com	25d. LOCATION		county) (State)
DATE REC'D BY LOCA		SPRAR'S SIGNATURE		- 	26. FUNERAL DIRECT	OR (. M	larvel	DRESS Arco-
0		· · · · · · · · · · · · · · · · · · ·		'		1 7.2	. 19	Idaho
								



RECEIVED		
DPHS-797(VS) JUN 6 1955949 Revision of the Add Security AGENCY CERTIFICATE	of Standard Certificate) OF STILLBIRTH	State File No
FEDERAL SECURITY AGENCY: PUBLIC HEALTH SERVICE DIVISION OF VITAL STATISTICS State	of Idaho	Reg. Dist. No
1. PLACE OF STULBIRTH a. COUNTY Onneville	2. USUAL RESIDENCE OF M a. STATE	OTHER (Where does mother live?) b. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	c. CITY (If outside corporate limits, wr. OR TOWN	te RURAL and give township)
c. FULL NAME OF (If not in hospital or institution, give atreet address or location; HOSPITAL OR INSTITUTION ム. D. J. Hospital	d. STREET (If rural, give	location) Sladstoner
3. CHILD'S NAME ((Type or Print) Baby	Vsen	
4. SEX 5a. THIS BIRTH 5b. I Male single Twin Triplet 151		ATE OF (Month) (Day) (Year) FILLBIRTH OP: 1 29-1955
7. FATHER'S a. (First) b. (M Dan Per of	iddle) c. (Last) / O/Seŋ	8. COLOR OR RACE White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 26 YEARS 49rum - Wight	Toller - Sent	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S b. (M. MAIDEN NAME Dar Cus	iddle) Halc	13. COLOR OR RACE
14. AGE (At time of this birth) 21 YEARS 15. BIRTHPLACE (State or foreign country) Core - u la4	a. How many chil- b. How man	O THIS MOTHER (Do NOT include this child) y children were c. How many OTHER are now dead? children were stillborn
17. INFORMANT A Jan St. Clain	/	(born dead after 20 weeks pregnancy)?
32 WEEKS 4 LBS. 4 OZS. Approximate	rd serological fest for syphilis date	performed? Yes
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20a. FETAL CAUSES 20b. MATERNAL CAUSES	& death, arom	I neck textremetre,
Prematurity, Asphyxia, etc.)	<u> </u>	of knowing,
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR D	1
I hereby certify that I attended the birth of this child who was born dead	A la	up 3 may 55
on the date stated above 22c. ATEMBANT'S ADDRESS Advis Fulls Idea	If NOT attended by physician 24. SIGNATURE OF AUTI-	
TION REMOVAL (Sounds) 30 Carlos Mosehi	Carrent of the Artist	the Fulls states
May 31-1955 REGISTRARS GNATURE Sudge	26. FNNERAL DIRECTOR	elious Idaho to
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PHS-797(VS) 4-48		HING	(1949 Revi	sion of	Standard Ceri	lificate)		State File	No	, U
FEDERAL SECURIT PUBLIC HEALTH SERV	Y AGEN	NCY JUN2	CERTIFIC	ATE	OF STILL	_BIRTH		Local Reg		
		Division of	Vital Statist®	gate of	Idaho			Reg. Dist.	No	/
I. PLACE OF ST	LLBIR	TH			2. USUAL R	ESIDENCE	OF MC	THER (Where	does mother liv	re7)
a. COUNTY	Boni	ne ville				Idaho		b. COUNTY	_	eville
b. CITY (If outside or OR	orporate li	mits, write RURAL and	give township)		c. CITY (If or OR	italde corporate	limits, write	RURAL and give		
		Falls			TOWN	Idaho	Fall	8		
HOSPITAL OR	_	hospital or institution, gi		1	d. STREET ADDRESS		ural, give lo	-		
INSTITUTION		acred Hea	rt Hosp	ltal		199	Elve	ì		
3. CHILD'S NAM (Type or Print)	E	a .								
		Susa	<u>n</u>	Dia			mon			
l l	a. THIS I	_	_	.5b. IF T	WIN OR TRIPLET	(This child born	a) 6. DAT	I RIRTH	, ,	(Year)
Female 7. FATHER'S	SINGLE		TRIPLET	1ST L		3RD _]	Maj	7 16,	
NAME		a. (First)		b. (Midd	ain e	C	. (Last) Hamm	on	8. COLOR O Whit	
9. AGE (At time of this	Lt.ALX						Hami			
31		10. BIRTHPLACE (Se	ate or foreign counti	(עמ	Truck		,	11b. KIND OF Coal &		
12. MOTHER'S	YEARS	a. (First)		b. (Midd			. (Last)	CUAL 0	13. COLOR C	
MAIDEN NAME		Dorothy		_	ean		rrow		Whi	
14. AGE (At time of this	birth)	15. BIRTHPLACE (S	tate or foreign count		16. CHILDREN			HIS MOTHER (
24	YEARS	Idaho			a. How many dren are now li		w many	children were	c. How man	V OTHER
17. INFORMANT		- /			dren are now li	ving? born	alive but an	e now dead?	(born dead a	re stiliborn
Blan	ne	Ham	u m		1		1		pregnancy)?	
18a. LENGTH OF PREG NANC	- 18b.	WEIGHT AT BIRTH	19 Was a sta	ndard	serological t	est for sy	nhilis n	erformed?	Voc	No
WEEKS	<u>']</u>	LBS. OZS.	Approxim	ate dat	e.	cot for by	pinns p	ciioxiiica i	± co	110
CAUSE OF STILLB	IRTH	20a. FETAL CAUSES		()					• •	
State only morbid con	ditions NOT	- Mrst	mun.		2 3 de	u-a - 844	1 X	_ dela	vella	
causing fetal death (deuse such terms as Sti Prematurity, Asphyxia	illbirth, , etc.)	20b. MATERNAL CA	USES			,0_0_	. 0		- 1	
		Flace	utal my	encx	<u> </u>	Heme		mynu	Иц	-
21. STATE ANY COMPL	ICATION	S OF PREGNANCY A	IND LABOR I	i	22. STATE ALL	OPERATIONS	FOR DELI	KEKY () C	\geq	
	1	A								
I hereby certify a attended the birth o		23a. ATTENIDAR	BIGNATI	JRE	(Specify	if M. D., mid	wife, or oth	BET)	23b. DATE SI	GNED
child who was born	i dead	23c. ATTENDANT	Nam-	•	Transa Lar				, 	
on the date stated	above	23C. ATTERDAINING	ADDRESS		attended by	SIGNATURE C	F AUTHOR	IIZED OFFICIAL	•	TITLE
5a. BURIAL, CREMA	- 25b.	DATE	25c. NAME OF C	<u>.</u>	DR CREMATOR	Y 25d I	OCATION	City, town, or	munty)	(State)
258. BURIAL, CREMA FION REMOVAL (Specify Burial	" 5/	/17/55	Iona (.	ona.	^	Journey,	(Cuavo)
DATE REC'D BY LOCAL	L REGI	STRAR'S SIGNATURE			26. UAERTLOD	CTOR	(V)V		DRESS	
REG 2 - 19 عمدیا،		June Bu	di en	_	Jack	A Wo	\mathbf{od}	Idaho		Idaho
			1		/			<u> </u>	rairs,	TARID
			U							

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Secretary and the secretary

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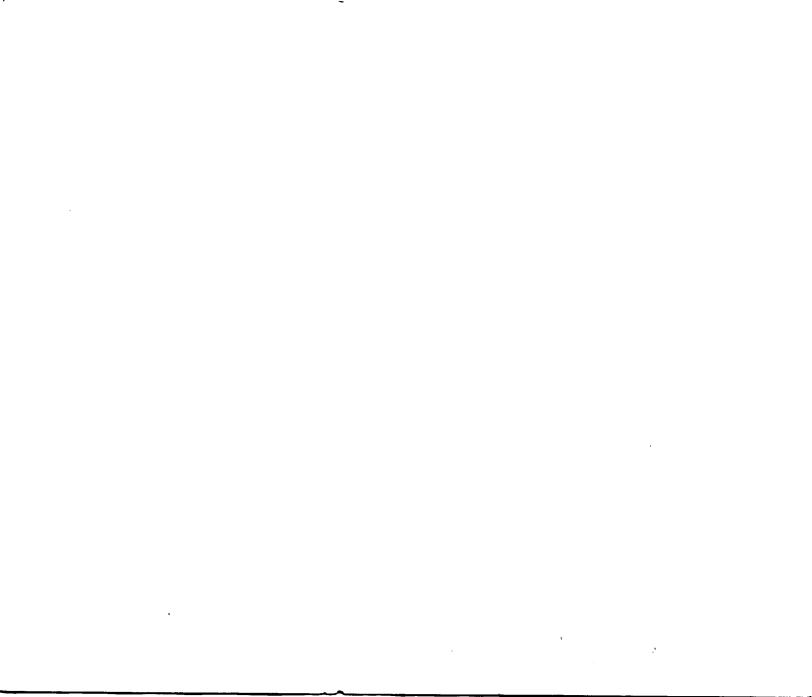
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PHS-797(VS) (1949 Revision of 1	Standard Certificate) OF STILLBIRTH	State File	
		Local Reg.	
Division of Vital Statistics State of	Idaho	Reg. Dist.	No3.6.3
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE	OF MOTHER (Where	does mother live?)
a. COUNTY CANYON	a. STATE Idaho	Canyon	
b. CITY (If outside corporate limits, write RURAL and give township)	c. CiTY (If outside corporate	limits, write RURAL and give	township)
TOWN NAMPA	TOWN Rural-	-Caldwell	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR	d. STREET (If r	rural, give location)	
INSTITUTION MERCY HOSPITAL	Route	4	
3. CHILD'S NAME			
(Type or Print) Infant Daughter	Swan		K 1
4. SEX 5a. THIS BIRTH 5b. 1FT	WIN OR TRIPLET (This child born	a) 6. DATE OF (Mont	
SINGLE TWIN TRIPLET IST	2ND 3RD] SILLBIRIT Ma	y 26, 1955.
7. FATHER'S a. (First) b. (Midd NAME	le) (c. (Last)	8. COLOR OR RACE
Paul	Sw		White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF	BUSINESS OR INDUSTRY
40 YEARS Elwood, Nebraska.	Farmer	Farmin	Q
12. MOTHER'S a. (First) b. (Midd MAIDEN	le)	c. (Last)	13. COLOR OR RACE
NAME Elizabeth	Ba	er	<u>White</u>
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY		
40 YEARS Battleground, Wash.	a. How many chil- b. He dren are now living? born	ow many children were alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	3	0	(born dead after 20 weeks pregnancy)?
land Swan	<u> </u>		.0
18a, LENGTH OF PREG- NANCY 18b. WEIGHT AT BIRTH 19 Was a standard	serological test for sy	yphilis performed?	Yes No
WEEKS LBS. OZS. Approximate da	te .		
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	11/2 0	1 06	cordavau
State only morbid conditions	in Utens	-/ whelif	nece
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES		\mathcal{Y}	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS	S FOR DELIVERY	
Bleeding sand 3 dremes	Key C	aesaria	<u> </u>
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D., mid	dwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	ya Mi		6/5/85
on the date stated above 23c. ATTENDANT'S ADDRESS	At NOT 24. SIGNATURE	OF AUTHORIZED OFFICIA	L
at	physician		(2.13)
25a, BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER CONTROL STATE At Alsip Cha		LOCATION (City, town, or	
Cremation 5/31/55 At Alsip Cha	¬	Nampa, Idaho.	
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE	28. FUNERAL DIRECTOR		pa, Idaho.
June 9 1955 Mrs. Jane Steck	totu In	esis man	pa, idano.
	/ 41	C1 1 - 4'	

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PHS-797(VS) 4-48 FEDERAL SECURI PUBLIC HEALTH SE	MAY	20 1955 of Vital Stati	(1949 R		Standard Certificate OF STILLBIF Idaho		Local Reg	No
1. PLACE OF ST a. COUNTY	rillbiri Idaho	TH .			2. USUAL RESID a. STATE		DTHER (Where	does mother live?) Idalio
b. CITY (If outside OR TOWN	corporate lim		nd give township)		C. CITY (If outside of OR TOWN Tree	rporate limits, write	RURAL and give	township)
c. FULL NAME OF HOSPITAL OR INSTITUTION		epital or institution		or location)	d. STREET ADDRESS	(If rural, give to	ocation)	
3. CHILD'S NAM ((Type or Print)		(2.14)	L 13	prscr				
4. SEX	5a. THIS BI		TRIPLET	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mont	(Day) (Year) (Day) (Year)
7. FATHER'S NAME		a. (First)		b. (Midd	lle)	c. (Last)		8. COLOR OR RACE
	Jo	ck		. •	D	son		Thite
9. AGE (At time of thi	is birth) YEARS		(State or foreign con a LIOM am a		11a. USUAL OCCUPAT 한테교육 기업체	TON	116. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	. K	a. (First)		b. (Midd	•	c. (Last)		13. COLOR OR RACE
14. AGE (At time of thi	is birth)	15. BIRTHPLACE	(State or foreign co	untry)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (Do NOT include this child)
17. INFORMANT	YEARS	Notion (rood -		a. How many children are now living?	b. How many born alive but a	children were re now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
LENGTH OF PRINAN WEEKS	EG- 18b. V	VEIGHT AT BIRTI	vvas a	standard imate da	n0ne serological test f	or syphilis p		1.011e
CAUSE OF STILL State only morbid c causing fetal death (use such terms as S Prematurity, Asphyx	onditions do NOT -	20a. FETAL CAUS S 7 20b. MATERNAL	range	VIa+	ed Um	bilicz	1 COR	· d
21. STATE ANY COM	ter	ine I	INERT	ia	22. STATE ALL OPERA Low for	TIONS FOR DEL	IVERY LML	Episiotomy
I hereby certify attended the birth child who was bor	of this	23a. ATTEND	Ullian	TURE	flone	o., midwife, or of	L.	23b. DATE SIGNED
on the date stated	_ m.	23g. ATTENDANT	ville	Jua	attended by physician	ruřé of Autho		
25a. BURIAL, CREM TION, REMOVAL (Spec	Hay	12, 1988	i Praire		OR CREMATORY	25d. LOCATION		county) (State)
	REGIS	TRAPOS SIGNAT	ure Lon	e	26. POTERAY DIRECTO		an Fune	DRESS LONE
	-2.1	<u> </u>						

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RECEIVED PHS-797(VS) (1949 Revision of Standard Certificate) State File No. 4-48 CERTIFICATE OF STILLBIRTH FEDERAL SECURITY AGENCY Local Reg. No. PUBLIC HEALTH SERVICE Division of Vital Statistics State of Idaho Reg. Dist. No..... 1. PLACE OF STULBIRTH 2 USUAL RESIDENCE OF MOTHER (Where does mother live?) b. COUNTY Grant a. COUNTY a. STATE Jefferson Washington b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TOWN Moses Lake c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) ADDRESS INSTITUTION ighv Matefnity Hospital 3. CHILD'S NAME (Type or Print) BABY COOK 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF STILLBIRTH (Month) (Day) (Year) SINGLE X Male TWIN ! May TRIPI FT 2ND 3RD 7. FATHER'S a. (First) b. (Middle) 8. COLOR OR RACE c. (Last) NAME William Phineas Mook White 10. BIRTHPLACE (State or foreign country) 9. AGE (At time of this birth) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY Tdaho Farming Farming **YEARS** 12. MOTHER'S MAIDEN a. (First) b. (Middle) 13. COLOR OR RACE c. (Last) White NAME Bettv Lou Cramer 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? Idaho c. How many OTHER **YEARS** children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? 0 H OF PREG-18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? No..... NANCY LBS. 2 ozs. Approximate date WEEKS 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY I hereby certify that I attended the birth of this 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED child who was born dead 23c. ATTENDANT'S ADDRESS on the date stated above II NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by physician 25a. BURIAL, CREMA-TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State) Burial Ucon Cemeterv Bonneville Idaho. Ucon DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS Ribby. Idaho.



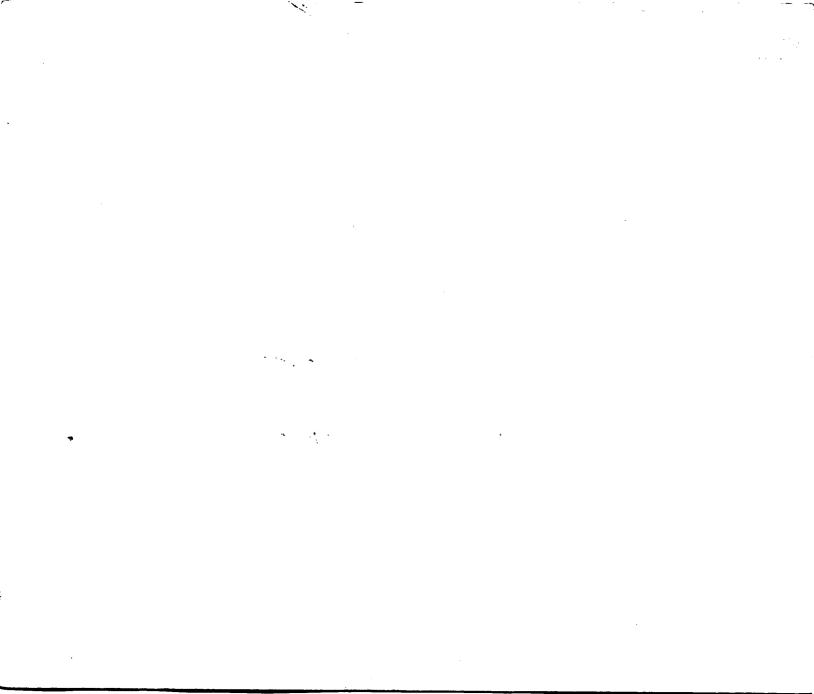
FEDERAL SECURITY AGENCH AY 2 3 CERTIFICATE OF STILLBIRTH Division of Vital Statistics State of Idaho 1. PLACE OF STILLBIRTH a. COUNTY Kootenai b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene CERTIFICATE OF STILLBIRTH Local Reg. No. 44 Reg. Dist. No. 120 Reg. Dist. No. 120 C. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COeur d' Alene	
1. PLACE OF STILLBIRTH a. COUNTY Kootenai b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COEUR d' Alene 2. USUAL RESIDENCE OF MOTHER (Where does mother liver) a. STATE Idaho b. COUNTY Kootenai c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COEUR d' Alene	
a. COUNTY Kootenai b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene a. STATE Idaho b. COUNTY Kootenai c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d Alene C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital d. STREET ADDRESS 1101 Lake Location Lake Side Ave.	
3. CHILD'S NAME ((Type or Print) Infant Girl Swanson	
4 SEY 5. THIS RIPTH 5. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (X	ear)
Female SINGLE X TWIN TRIPLET 1ST 2ND 3RD STILLBIRTH May 8 1	955
7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR RAC NAME Raymond E Swanson White	Ε
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDU	JSTRY
22 YEARS Calif. App. Cabinet Maker Cabinet Shop	
12. MOTHER'S a. (First) b. (Middle) c. (Last) 13. COLOR OR RAC	JE.
MAIDEN NAME Margie L. Olson White	
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this	child)
25 YEARS Colorado a. How many children were children were still dren are now living? b. How many children were still dren are now living? born alive but are now dead? children were still dren dead ever alive the state of the s	HER lborn
17. INFORMANT None None None	70025
18a. LENGTH OF PREGNANCY H/ WEEKS LBS. OZS. 19 Was a standard serological test for syphilis performed? Yes	
CAUSE OF STILLBIRTH State only morbid conditions Unknown	
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED attendant to this child what was horn dead The control of this child what was horn dead (May 1/19).	55
I hereby certify that I 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED	55
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:15 M. m. 23a. ATTENDANT'S SIGNATURE (Specify If M. D., midwife, or other) 23b. DATE SIGNED May // 9 23c. ATTENDANT'S ADDRESS II'NOT attended by physician 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (8) 25d. LOCATION (City, town, or county) (8)	LE tate)
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:15 N. m. 123a. ATTENDANT'S SIGNATURE (Specify it M. D., midwife, or other) 23b. DATE SIGNED May // 19 23c. ATTENDANT'S ADDRESS If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TIT	LE tate)

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PHS-797(VS)	1	KECE	IV	E Q Revis	sion of	Standard Certificate	;)	State File	No.	
4-48 FEDERAL SECURI PUBLIC HEALTH SEE	RVICE	COUNTY	13	JER HIFIC	AIL	OF STILLBIF	RTH	Local Reg Reg. Dist.	. No	47
 		vision of V	ital S	tatistics B	ICH OI					
a. COUNTY	rillbir Lat					a. STATE Idal		b. COUNTY	does moths Lata	_
b. CITY (If outside OR TOWN	corporate lin		L and gi	ive township)		c. CITY (If outside earlier TOWN T)	rporate limits, w	rrite RURAL and give	township)	
c. FULL NAME OF						d. STREET				
HOSPITAL OR INSTITUTION	Grit	man Hosp			Jeanon)	ADDRESS	(If rural, giv	re location)		
3. CHILD'S NAN ((Type or Print)		70		70		T 1				
	F 77110 1	Paul		Dav		Rauch				
	5a. THIS E				,5b. IF T	WIN OR TRIPLET (Thise o	hild born) 6.	DATE OF (Mon STILLBIRTH	· ·	
Male I	SINGLE		<u> </u>	TRIPLET	1ST _		3RD	Maj		
7. FATHER'S NAME		a. (First)		1	b. (Midd	le)	c. (Last	i)		OR RACE
		on ald					Rauch	n_	Whi	te
9. AGE (At time of thi	is birth)	10. BIRTHPLA	CE (Sta	ste or foreign countr	y)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS	OR INDUSTRY
26	YEARS	Moscov	w. I	daho		Farmer				
12. MOTHER'S MAIDEN	<u></u>	a. (First)			b. (Midd	le)	c. (Last	:)	13. COLO	R OR RACE
NAME		Ilene					Anderso	on	Whi	te
14. AGE (At time of thi	is birth)		CE (Sta	ate or foreign countr	ry)	16. CHILDREN PREVIO	OUSLY BORN	TO THIS MOTHER	(Do NOT in	clude this child
26	YEARS	Troy,	Ida	iho		a. How many children are now living?	b. How man born alive bu	ny children were ut are now dead?	children	nany OTHER were stillborn d after 20 weeks
	nald R	Rauch				3	none	е	pregnanc	y)?
18a. LENGTH OF PRI NAN WEEKS	NCY	WEIGHT AT BIE	1	19 Was a sta Approxim	indard ate da	serological test f	or syphilis	performed?	Yes4	No
CAUSE OF STILL	LBIRTH	20a. FETAL C		e kur	~~	•				
State only morbid c causing fetal death (use such terms as f Prematurity, Asphyx	(do NOT	20b. MATERN						2 4 6 1		
Prematurity, Asphyx	ia, etc.)	Sys-	to	nom la	n h	nembru fl	Perid 6	place	the	ni g
21. STATE ANY COM	PLICATION	IS OF PREGNAL	NCY A	ND LABOR	molin	22. STATE ALL OPER	ATIONS FOR I	DELIVERY		•
# ***		est land		1 ploud	4	l ho	~~			
I hereby certify	y that I	Ma. ATTEN	DAN	T' SIGNATI	JRE	(Specify if M. I)., midwife, or	other)	23b. DAT	E SIGNED
attended the birth	h of this	$oldsymbol{\mathcal{O}}$	me	1 14 LD	nus		m W.		کی	- 27-5
child who was bo on the date state		23c. ATTENDA	NT'S A	ADDRESS		If NOT 24. SIGNA	TURE OF AUT	HORIZED OFFICIA	L.	TITLE
at 7130 A	m.	TRM	Si	doho.		attended by physician				
25a. BURIAL, CREM TION, REMOVAL (8pox	/I A- 25b.	DATE				Y OR CREMATORY		ON (City, town, or	county)	(State)
Burial	<u> </u>	-24 - 1955		Moscow	Ceme	etery	Mos	COW		Idaho
DATE REC'D BY LO		ASTRAR'S SIGN	ATURE	1	12	26. FUNERAL DIRECT	OR	A	DDRESS	
6/10/55	REG.	814.6	£ ,	Knall	<u>e</u>	David R.	Tate	Mos	scow.	Idaho
7				0						

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PHS-797(VS) RECEIVED Revision of S	Standard Certificate) State File No.
FEDERAL SECURITY AGENCY JUN 6 1 SERTIFICATE (OF STILLBIRTH Local Reg. No.//2
Distalca of Vital Statistics State of	Idaho Reg. Dist. No. 450
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY Minidoha	a. STATE Idaho b. COUNTY mucha
b. CITY (If outside corporate limits, write RURAL and give township) OR	C. CITY (If outside corporate limits, write RUBAL and give township) OR
C. FULL NAME OF (If notin hospital or institution, give street address or location)	TOWN Report.
HOSPITAL OR Rupert Kennel.	d. STREET (If rural, give location) ADDRESS (April 2)
3. CHILD'S NAME ((Type or Print)	$(\mathcal{D}_{\mathbf{I}})$
James / light /	Vansen Baby
	WIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year) STILLBIRTH
7. FATHER'S a. (First) b. (Middle of the control of	(a) 2ND 3RD 7 7 7 7 7 7 7 8 8 COLOR OR RACE
NAME ((Miss)	e) c. (Last) 8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a, USUAL OCCUPATION 11b, KIND OF BUSINESS OR INDUSTRY
32 YEARS account Idaho	Tanana
12. MOTHER'S 8. (First) b. (Middl	e) c. (Last) 13. COLOR OR RACE
MAIDEN Man Darlin	e Wolfard white.
14. AGE (At time of this birth) 15. DIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY ORN TO THIS MOTHER (Do NOT include this child)
23 YEARS Darfuld Wah.	a. How many children were c. How many OTHER dren are now living? born alive but are now dead? children were stillborn
17. INFORMANT	2 (born dead after 20 weeks prognancy)?
18 LENGTH OF PREG. 18b WEIGHT AT BIRTH 19 Was a standard	
36 WEEKS 9 LBS. 2 OZS. Approximate dat	serological test for syphilis performed? Yes
OAUSE OF STILLBIRTH State only morbid conditions	1/1 01 10 1.0
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES)	No 24 Jelus absence of developed
Prematurity, Asphyxia, etc.)	regrific distance. The market second
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. Dr. midwife, or other) 23b. DATE SIGNED
attended the birth of this child who was born dead	llu m x 5.24-5-5
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNATURE OF AUTHORIXED OFFICIAL TITLE
at m. Ruper Uda	physician M. X.
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY	OR CREMATORY 25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
5-29-7950 Cof (almos)	Moany Mooamen august
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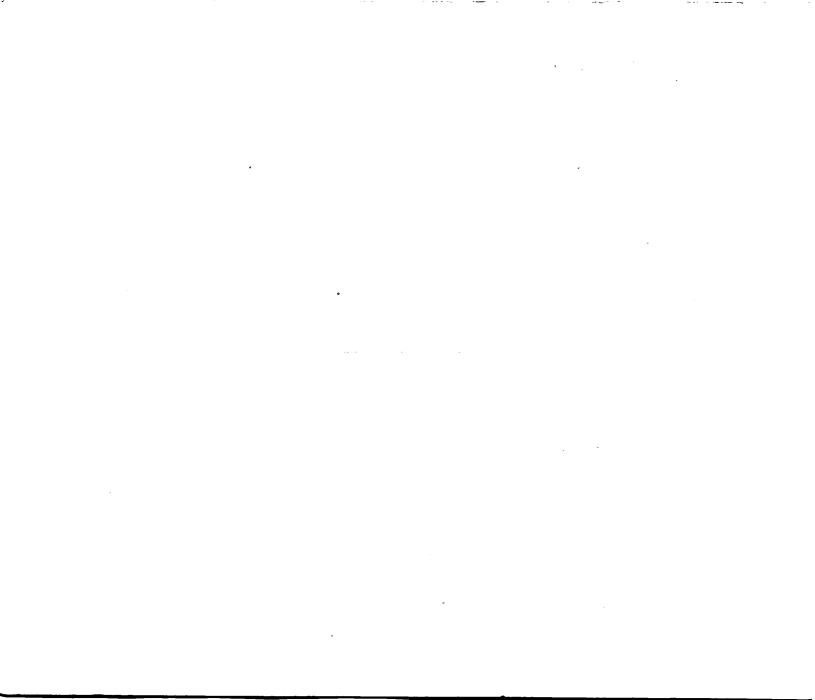
PHS-797(VS) RECEIVED Revision of 4-48 FEDERAL SECURITY AGENCY. IIIN 6 1666 TIFICATE	The state of the s
PHS-797(VS) 4-48 [1549 Revision of	Standard Certificate) State File No
PUBLIC HEALTH SERVICE	OI STILLBIKTH
Division of Vital Statistics State of	f Idaho Reg. Dist. No
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER (Where loss mother live?)
a. COUNTY Shoskove	a. STATE daha b. COUNTY hos houp
b. CITY (If outside corporate limits, write RURAL and give township) OR	C. CITY (If outside corporate limits, write RURAL and give township) OR
TOWN Wallace	TOWN Mullanir Idaho
c. FULL NAME OF (If not in hospital or institution, give street editing or location) HOSPITAL OR INSTITUTION	d. STREET (If rural, give location)
3. CHILD'S NAME	- Poxios
((Type or Print) Taul Doug	glas Williamsow
4. SEX 5a. THIS BIRTH 5b. 1FT 1st	TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year) 2ND 3RD 1
7. FATHER'S a. (First) b. (Midd	
NAME JOY	ard Williamson W
9. AGE (At time of this birth) 10 BIRTHPLACE (State or foreign country)	11a, USUAL OCCUPATION 11b, KIND OF, BUSINESS OR INDUSTRY
24 YEARS Kussellville ark	armay Ob Spac. aviation
12. MOTHER'S a. (First) b. (Midd	dle) c. (Last) 13. COLOR OR RACE
NAME Glizabeth Ida	. James W
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
2 YEARS Dantraveises Calif	a. How many children were c. How many OTHER dren are now living? born alive but are now dead? children were stillborn
But Williamson (FATHER)	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard Approximate da	serological test for syphilis performed? Yes. No
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	78-07-07
State only morbid conditions	alacenta
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	71412414
Prematurity, Asphyxia, etc.)	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
None	None
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other) 23b. DATE SIGNED
attended the birth of this child who was born dead	user M. 1 5-23-55
on the date stated above 23c. ATTEMPANT'S ADDRESS	INOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
at m. Willail Joules	physician
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER) Dunal May 14-1953 Lines	Y OR CREMATORY 25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTER'S SIGNATURE NO. 1915 - Fall + Availl	26. EXPERAL DIRECTOR ADDRESS
Dy	more of the said and the said and the
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PHS-797(VS) 4-48 FEDERAL SECURITY PUBLIC HEALTH SERVICE	AMAX 24 1955 Vision of Vital Stati	(1949 Revision of CERTIFICATE State of	· · · · · · · · · · · · · · · · · · ·		tle No
	This is a second	State O			
1. PLACE OF STILI	LBIRTH		2. USUAL RESID	DENCE OF MOTHER (W	
Tez	tow.		a. STATE	b. COUNTY	Fremont.
b. CITY (If outside corpo OR	orate limits, write RURAL and	give township)	c. CITY (If outside of	orporate limits, write RURAL and	give township)
TŎŴN ,	c 1 %-9x5.		TOWN A.S	inton.	
c. FULL NAME OF (II HOSPITAL OR INSTITUTION	not in harpitalor institution, gi	ve street address or location)	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME ((Type or Print)		9.0			
	THIS BIRTH		WIN OR TRIPLET (This	ehild born) 6. DATE OF (M	onth) (Day) (Year)
7. FATHER'S	a. (First)	TRIPLET L 1ST L	2ND		nay 18 - 35
NAME	2	b. (Midd		c. (Last)	(8/ COLOR OR RACE
0.000	Cu//um	mar		Case.	White-
9. AGE (At time of this birt	1 →	tate or foreign country)	11a. USUAL OCCUPA	~ ()	OF BUSINESS OR INDUSTRY
	EARS MainVille	e Kansas-	Vanitor.	· Elementar	4 School
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd		c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birt	UON NA	tate or foreign country)		agne	White.
0.	<i>a</i>	/	a. How many chil-	ONSLY BORN TO THIS MOTHE	
17. INFORMANT	ARS Squire	el I ours.	dren are now living?	b. How many children we born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
donna	Case.		3.	0	pregnancy)?
18a. LENGTH OF PREGNANCY XX WEEKS	18b. WEIGHT AT BIRTH - LBS OZS.	¹⁹ Was a standard Approximate da		for syphilis performed 54	? Yes No
CAUSE OF STILLBIR State only morbid condit		Un know			
causing fetal death (do Nuse such terms as Stillb	NOT 20b. MATERNAL CA	HEEE			
Prematurity, Asphyxia, et	ic.)	Unknow	~ · ·		
21. STATE ANY COMPLIC	ATIONS OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
	More		10		
I hereby certify the		IT'S SIGNATURE	(Specify if M.)	D., midwife, or other)	23b. DATE SIGNED
attended the birth of t child who was born d		Franche Co	Tamen "	~ <u>~</u>	5-180-55
on the date stated at			II NOT 24. SIGNA	TURE OF AUTHORIZED OFFIC	IAL TITLE
at m	Driggs	. Ideho	attended by physician		
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town,	or county) (State)
may 21- 33	REGISTRAR'S SIGNATUR	uggo	26. FUNERAL DIRECT	OR	ADDRESS
0		00			

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PHS-797(VS) 4-48 FEDERAL SECURITY AG PUBLIC HEALTH SERVICE			Standard Certificate OF STILLBIR Idaho	TH Local Re	le No
1. PLACE OF STILLB			- CTATE	ENCE OF MOTHER (Wh.	
	DA		LDA	HO	ELMORE
OR	limits, write RURAL and give town	inip)	i OR	rporate limits, write RURAL and gi	ive township)
c. FULL NAME OF (If not	in hospital or institution, give street a	ddress or location)	d. STREET	(If rural, give location)	
HOSPITAL OR INSTITUTION ST.	LUKE'S HOSPITAL		ADDRESS 110	SO. 3rd EAST	
3. CHILD'S NAME ((Type or Print)	· Infant g	irl Gerran	rd		
ជ	S BIRTH	5b. IF T	WIN OR TRIPLET (This of	STILLBIRTH TIT	onth) (Day) (Year) NE 7 1955
7. FATHER'S	a. (First)	b. (Midd		c. (Last)	8. COLOR OR RACE
NAME	BLAIN	H.	,	GERRARD	W
9. AGE (At time of this birth)	10. BIRTHPLACE (State or for		Ha USUAL OCCUPAT	nst. 11b. KIND (OF BUSINESS OR INDUSTRY
25 year			Mtn.Home Ai		Construction
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	ile)	c. (Last)	13. COLOR OR RACE
NAME	VIVIAN	LEONA	1	JONES	W
14. AGE (At time of this birth)	15. BIRTHPLACE (State or for IOWA	eign country)	a. How many chil-	b. How many children were	
17. INFORMANT	51		dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks
F.	ATHER		1	1	pregnancy)?
18a. LENGTH OF PREGNANCY NANCY WEEKS		is a standard oproximate da		or syphilis performed	? Yes No
OAUSE OF STILLBIRTE State only morbid condition causing fetal death (do NO' use such terms as Stillbirth Prematurity, Asphyxia, etc.)	8 / 1 <i>0</i>	ne abetro	mellitio	•	
21. STATE ANY COMPLICATION FOR THE PERSON OF	ons of pregnancy and Lae	OR		ROTHER BY	rech Extractive
I hereby certify that attended the birth of thi child who was born dea	No.	HAT W.	Specify if M. I)., midwife, or other)	23b. DATE SIGNED 6 - 9-55
on the date stated above atm.		Slaho	If NOT 24. SIGNA attended by physician	TURE OF AUTHORIZED OFFIC	AL TITLE
25a. BURIAL, CREMA- 25 TION, REMOVAL (Specify)			Y OR CREMATORY	25d. LOCATION (City, town,	or county) (State)
		Luke's I		Boise, Idaho	ADDRESS
DATE REC'D BY LOCAL REG.	EGISTRAR'S SIGNATURE		26. FUNERAL DIRECT	7.7	ADDRESS
6-10-55	e suprice la	imer		s Hospital, by	A social of a la
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RECEIVED PHS-797(VS) 10(1949 Revision of Standard Certificate) State File No. FEDERAL SECURITY AGENCY CERTIFICATE OF STILLBIRTH Local Reg. No., PUBLIC HEALTH SERVICE Division of Vital Statistics State of Idaho Reg. Dist. No... 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY b. countyHumboldt Nevada Ada b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winnemucca Boise c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) HOSPITAL OR St. Lukes Hospital ADDRESS 1025 1/2 Bridge 3. CHILD'S NAME (Type or Print) Infant boy Galli 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF STILLBIRTH (Day) (Month) (Year) SINGLE X Male TWIN TRIPLET 2ND 7. FATHER'S a. (First) b. (Middle) c. (Last) 8. COLOR OR RACE NAME Galli, Jr. Peter Ε. W 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY Geol. Engr. (shifter) Riley Mine. Winnemucca Nev. Elko, Nevada YFARS 12. MOTHER'S a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE MAIDEN Galli Dorothy Bastian NAME 15. BIRTHPLACE (State or foreign country) 14. AGE (At time of this birth) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? YEARS Pleasant Grove. Utah c. How many OTHER children were stillborn (born desd after 20 weeks 17. INFORMANT pregnancy)? Peter E. Galli, Jr. (Father) 0 18a. LENGTH OF PREG-18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. Approximate date WEEKS LBS. 2 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Nov 1954-22. STATE ALL OPERATIONS FOR DELIVERY I hereby certify that I (Specify if M. D., midwife, or other) 23b. DATE SIGNED attended the birth of this child who was born dead If NOT on the date stated above 23c. ATTENDA ADDRESS 24. SIGNATURE OF AUTHORIZED OFFICE TITLE physician 25a. BURIAL, CREMA-TION, REMOVAL (Specify) 25c. NAME OF CEMETERY OR CREMATORY 25b. DATE 25d. LOCATION (City, town, or county) (State) Boise. Idaho <u>cremation</u> St. Luke's Hospital DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS Luke's Hospital

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PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	RVICE	DIVISION OF VITA	OFE19 Revision of ERTIFICATE Statistics State of	Idaho		State File Local Reg Reg. Dist	No 14 No 5 1	097 L
1. PLACE OF S a. COUNTY	TILLBIR	r TH Bannoc	k	2. USUAL RESID	ence of M daho	D. COUNTY	e does mother live Bing	
b. CITY (If outside OR TOWN		catello		c. CITY (If outside of OR TOWN				5 recuir
c. FULL NAME O HOSPITAL OR INSTITUTION	F (II not in 1	Anthony Merc	y Hospital	d. STREET ADDRESS BO	at real give x 933	location)		
3. CHILD'S NA (7 Type or Print		ELAINE P	AHNEENO					
4. SEX Female	5a. THIS	K TWIN	TRIPLET 1ST	WIN OR TRIPLET (TAME of	skild born) 6. D	ATE OF (Mor		(Year) 55
7. FATHER'S NAME		a. (First)	b. (Midd	•	c. (Lest)		8. COLOR OF	
		Earl	Hora		Pahne		<u>. </u>	Indian
9. AGE (As sime of si 25	VEARS	10. BIRTHPLACE (State	or foreign sountry)	Unemploy		116. KIND O	F BUSINESS OR	INDUSTRY
12. MOTHER'S	TEARS	a. (First)	b. (Midd		c. (Last)	<u> </u>	13. COLOR O	R RACE
MAIDEN NAME		Ruby			Coopooi	.e	Ind	lian
14. AGE (At time of the	ie birth)	15. BIRTHPLACE (State	se or foreign country)	16. CHILDREN PREVIO			(Do NOT inclus	ie this child)
28	YEARS	Ft. Hall	, Idaho	a. How many chil- dren are now living?	b. How many born alive but	children were are now dead?	c. How many	e stillborn
17. INFORMANT			Wath on			0	(born dead aft pregnancy)?	er 20 weeks
Ruby Pa			Mother	4			<u> </u>	
	NCY	LIBS. O OZS.	¹⁹ .Was a standard Approximate da	serological test i te	for syphilis	performed?	Yes	No
CAUSE OF STIL. State only morbid causing fetal death use such terms as	LBIRTH	20a. FETAL CAUSES						
Prematurity, Asphy	zia, etc.)	Fastia	exepera	lion of	Pelace	ente.		
21. STATE ANY COM	IPLICATION	S OF PREGNANCY AN	D LABOR /	22. STATE ALL OPÉD	ÁTIONS FOR DI	ELIVERY		
I hereby certif attended the birt child who was be	h of this	234. ATTENDANT	AHAla	(Specify if M.)	D., midwife, or o	ther)	23b. DATE SH	SNED -
on the date state 9:36	ed above A m.	BEAULU	da	attended by physician		ORIZED OFFICIA	<i>9</i>	TITLE
25a. BURIAL, CRE TION, REMOVAL (8)	un	Known	25c. NAME OF CEMETER Fort Hall	Cemetery	Fort	n (Cky, town, o Hall		(State) Idaho
6-23-5	CAL REG	istrar's signature	Wallin	Manning Fur		//	Pocatel	<u>lo, Id</u> ah
				Allen,	6 <i>[[[</i>]]	inner	<u> </u>	
TI DDIT 46464				- /	-			

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PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE		NCYCOL D	CERTIFIC	ATE (OF STILL	incate) BIRTH	State File Local Reg Reg. Dist	. No. 4	09
		Division of Vita	u Statistics Si	tate of					¥
1. PLACE OF S	tillbir Banr	_			2. USUAL R a. STATE	ESIDENCE OF Idaho	MOTHER (When	e does mother live? Bannock)
b. CITY (If outside	e corporate li	inite, write RURAL and	d give township)		c. CITY (If or	talde corporate limita,	write RURAL and giv		
OR TOWN	Pocat	tello	,		OR TOWN	Pocatello			
c. FULL NAME OF	F (If not in	hospital or institution, g	rive street address or lo	ocation)	d. STREET ADDRESS	(If rural, g	ive location)		
INSTITUTION	- COLUMN	ock Memoria	al Hospita	<u>ı "</u>	· ADDICESS	1935 So.	5 th		
3. CHILD'S NA									
	·		INFANT GIR						
4. SEX Female	5a. THIS		TRIPLET	5b. IF TV	WIN OR TRIPLET	(This child born) 6.	DATE OF (Mor STILLBIRTH M	ay 12,	(Ye
7. FATHER'S NAME		a. (First)		b. (Middl	е)	c. (La	st)	8. COLOR OR	RACE
		Orlo		Trav	is	Mil	Lls	White	
9. AGE (At time of th	is birth)		State or foreign country		11a. USUAL OC			BUSINESS OR	
24	YEARS		on, Nebras		Manage			Oil Serv	
12. MOTHER'S MAIDEN NAME		a. (First) B etty		b. (Middl Ale	•	c. (La B a l	•	13. COLOR OR White	RACE
14. AGE (At time of th	ie birth)	15. BIRTHPLACE (State or foreign countr	(ער	16. CHILDREN	PREVIOUSLY BORN	TO THIS MOTHER	(Do NOT include	this c
23 17. INFORMANT	YEARS	Idaho Fal	lls, Idaho		a. How many dren are now li		any children were but are now dead?	c. How many children were (born dead afte	stillb
Betty Al	ene Mi	ills. Mothe	er		Two	No.	ne	pregnancy)?	
18a. LENGTH OF PR NAM 30 WEEKS	REG- 18b. NCY	weight at Birth		indard :	serological t		is performed?		No
CAUSE OF STILI	LBIRTH	20a. FETAL CAUSE	S	0		٠	/ / /	1 "	
State only morbid o	conditions	12.	tal to	yde	ops	oryth	roblass	Dais.	
causing fetal death use such terms as Prematurity, Asphys	Stillbirth, ria, etc.)	20b. MATERNAL C	AUSES	. بهر	-				
		I RI	T meja	su.	<u>シ・</u>				
21. STATE ANY COM	IPLICATION ل	DUP PREGNANCY	AND LABORY	İ		OPERATIONS FOR	DELIVERY		
(Coc	ur.	a pur	NT'S SIGNATU	ine /		anar	ver un	, 001 DATE 010	NED
I hereby certify attended the birth	h of this	Sa. ATTEMEN	J SIGNA	76	(specify:	if M. D., midwife,	or otner)	23b. DATE SIG	
child who was bo on the date state	rn dead	23c. AFTENDANT'S	ADDRESS	1	II NOT 24.	SIGNATURE OF AU	THORIZED OFFICIA	<u> </u>	TITLE
at 10:04 P	\bullet m .	Pocak	ello De	wir	ottended by Obysician	,			
25a. BURIAL, CREM TION, REMOVAL (8po Cremation	0lfy) 6-1	0ate 3 - 55	Bannock				ION (City, town, or catello		(Stat aho
	CAL REG	ISTRAR'S SIGNATUR	RE ,	. 1	26. FUNERAL D	IRECTOR	Ąľ	DORESS	
DATE REC'D BY LO			~ 1 \ A/	//	m - 1	/ 48 /	114 6	15	1
DATE REC'D BY LOG 6-29-55	REG.	war	1. Wall	int	Mary Vas	r Valkentu	+9 K.M. 15 A	Mimoc	4.0

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PECEIVED		
PHS-797(VS) RECEIVED 49 Revision of A-48	f Standard Certificate) State File No	099
FEDERAL SECURITY AGENCY N 27 19 SERTIFICATE	OF STILLBIRTH Local Reg. No	
TODEIO TIERETTI GENTICE	of Idaho Reg. Dist. No	
Division of Vital Statistics State	or regions	
1. PLACE OF STHELBIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mo	ther live?)
a. COUNTY DURY TAKE	a. STATE LIBRARY B. COUNTY	
	C. CITY (if position personate limits, write RURAL and give township	. 7
b. CITY (Loutside corporate limits, write RURAL and offe township) OR TOWN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	TOWN huridan Wyo	muny
C. FULL NAME OF its not in hospital of innatution, the street address or location)	d. STREET (1) diral, give location)	1/
INSTITUTION LAND LAND LAND LAND LAND LAND LAND LAN	was star four	,
3. CHILD'S NAME		
((Type or Print)	Lean bumpend	
AZSEX 2 5a. THIS BIRTH 5b. IF	7000000	(D) (St)
	(/	(Day) (Year)
MALE SINGLE TWIN TRIPLET 1ST	□ 2ND □ 3RD □ June	6 1930
7. FATHER'S NAME (MI	c. (Last) 8. COL	OR OPPRACE
May Dark	in lownsend Th	Tut.
9. AGE (At time of this birth) 10. BHATHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b. KUID OF BUSIN	SS OR INDUSTRY
1 1 2 1 1 2 1 2	aller tiles K	al vet
12. MOTHER'S (Figst) (28. (M)	720 170	100 0700105
MAIDEN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LOR OR RACE
NAME CAMA Janu		me
14. AGE (At time of this birth) 19. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NO	l'include this child)
8 YEARS Dellings Moretane	a. How many children were c. How many children were c. How dren are now living? born alive but are now dead? children	w many OTHER en were stillborn
17. INFORMANT	Con (born)	lead after 20 weeks
\mathcal{L}	None now	one of the state o
188. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Weg a standar	100: 1700	
NANCY / Was a standar	d serological test for syphilis performed? Yes	No
H WEEKS BLBS. 8 OZS. Approximate of	ate 11/14/3/ 1935	
CAUSE OF STILLBIRTH 20a (FETAL CAUSES	// // 	
State only morbid conditions	sentation 1 2 1 12	11
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyala, etc.)		-///-//
Prematurity, Asphyxia, etc.)	n- Make Woud Stales alos Ola V.	On a State War all a
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STACE ALL OPERATIONS FOR BELAVERY	zu pazujuju u
21. STATE ART COMPLETIONS OF TRESHARD ARE GLOCK	Company of the Man	1// 0/0/// 00
	A BELLOUING (TRUSS I MY IVENUL	ar munuery
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify it/M, 1), midwife, or other) / 26b/D	ATE SIGNED
attended the birth of this child who was born dead	TXIAN WILL TU	ul/6/455
on the date stated above 23c, ATTENDANT S/ADDINESS	TI NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
at 11:40 Pm. MANAPALARIAN	attended by physician	
OF DUDIAL CORMA A OF DATE		(State)
DON REMOVAL (Specify)	Silver of Constitution of Cons	15-1-
mia musito I prima	muda 11 prisition	actano.
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	20 FUNERAL DIRECTOR ADDRESS	a D.
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	1 de maria de la companya del la companya de la com	
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PHS-797(VS) 4-48	K	ECEIV!	$=$ Ω_{49} Re	vision of	Standard Certifice	ıte)	State File		
FEDERAL SECUR PUBLIC HEALTH SE	TITY AGE	™9UN 27 19 §	BEKLIER	CATE	OF STILLB	RTH	Local Reg	No	7-2
•		rision of Vital St	atistics	State of	Idaho		Reg. Dist.	No	X
1. PLACE OF S			ALGERTA		2. USUAL RESI	DENCE OF	MOTHER (Where	does mother li	ve?)
a. COUNTY	Bear	Lake				Idaho	b. COUNTY	Bear	
b. CITY (If outsid OR TOWN		mite, write RURAL and g	ive township)		c. CITY (If outside OR TOWN	corporate limite,	write RURAL and give	township) le	
c. FULL NAME C HOSPITAL OR INSTITUTION		hospital or institution, give ear Lake Mem			d. STREET ADDRESS	(If rural, gi	ve location)		
3. CHILD'S NA									
(Type or Print	:)		В	aby bo	y Peterson				
^{4 SEX} Male	5a. THIS		TRIPLET		WIN OR TRIPLET (Thi	s child born) 6.	DATE OF (Mont	h) (Day)	(Year)
7. FATHER'S	· · · · · · · · · · · · · · · · · · ·	a. (First)	7	b. (Midd		c. (Las	it)	8. COLOR O	OR RACE
NAME		Milford		Henr	·ν	Peter	son	whi	te
9. AGE (At time of ti	his birth)	10. BIRTHPLACE (Sta	ate or foreign cour		11a. USUAL OCCUP		11b. KIND OF		
48	YEARS	Ovi			Farmer				
12. MOTHER'S MAIDEN NAME		a. (First) Mary		b. (Midd		c. (Las B i rd	t)	13. COLOR	or race White
14. AGE (At time of the	his birth)	15. BIRTHPLACE (Sta	ate or foreign cou	ntry)	16. CHILDREN PRE	IOUSLY BORN	TO THIS MOTHER (Do NOT incl	ude this child)
38	YEARS	Dingle, I	daho		a. How many chil	b. How me	any children were out are now dead?	c. How ma	ny OTHER
17. INFORMAN					dren are now living	Dorn alive D	out are now dead?	(hown dood)	ere stillborn fter 20 weeks
Marry C.	Peters	son - Mother	r		4	0		pregnancy)	O
18a. LENGTH OF PE	REG- 18b.	WEIGHT AT BIRTH	19 Was a s	tandard mate da	serological test	for syptili	s performed?	Yes	X _{No}
38 WEEKS	5 1 /	LBS. / OZS. 20a. FETAL CAUSES	1 Charle	1112	MARINE A	HOST		//	#ff
CAUSE OF STIL	LBIRTH	20a, FETAL CAUSES	Suc	06. [A Cond	To V	al according	o D di	1.00
State only morbid causing fetal death use such terms as Prematurity, Asphy	conditions (do NOT Stillbirth, xia, etc.)	20b. MATERNAL CAL	USES	gous	y cory	<u>uroun</u>	y nex	7-14	crary.
		I PRECIONALLY	MM	r	/) 	2- A	// -	
ZI. STATE ANY COM	WILLICATION	NS OF PREGNANCY A	ND FYROK	٠ , ,	22. STATE ALL OPE	RATIONS FOR	DELIVERY /	1102	//
I hereby certifattended the birt	h of this	23a. ATTENDAN	T'S SIGNAT	ryter /	(Specify if M	. D. midwife, o	r other)	23b. DATE 5	SIGNED
child who was be on the date state	ed above	23c. ATTENDANT'S A	/ - -/ -	10	attended by	ATURE OF AU	THORIZED OFFICIAL	-	TITLE
at 25a. BUBIAL, CRE	m.	<u>' </u>	. *//	- 1	OR CREMATORY	DEL LOCATE	ION (Otto town of	*****	(State)
FIGH REMOVAL (8)		me 9 1955	250. NO ME OF	CEMETER	CHICKEMATORY	250. LOCAT	ON (City, town or	Mas	(SIBIO)
DATE REC'D BY LO	CAL REG	ISTRUPS CONTURE	·G (25 FUNERAL DITE	TOR	2 Mon	DRESS.	old
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RECEIVED			101
PHS-797(VS) JUL 19 135 \$1949 Revision of	Standard Certificate) OF STILLBIRT	State File	10 -1
FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE DIVISION OF VITAL Statistics State of	TH Local Reg. Reg. Dist.	, 140	
			ρ
1. PLACE OF STILLBIRTH a. COUNTY CONNEVILE	a. STATE Taa	NCE OF MOTHER (Wheel)	onneville
b. CITY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside corpo	orate limits, write RURAL and give	
TOWN Ledahu Falls		ano Falls	
c. FULL NAME OF (If not in bospital or institution, give at rest address or location) HOSPITAL OR INSTITUTION Seved Heart 1+03P.	d. STREET ADDRESS	(If rural, give location) 333 CFFC r	504
3. CHILD'S NAME (Type or Print) Nancy Sylvia	Aren	hart	
	WIN OR TRIPLET (This child	STILLBIRTH (/	th) (Day) (Year)
SINGLE WIN TRIPLET IST	2ND3RI	A	Me 7,7933
7. FATHER'S a. (First) NAME b. (Midd	nan f	c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATIO	ON 116. KIND OF	BUSINESS OR INDUSTRY
46 YEARS Plano Idaho	Labore	· /	
12, MOTHER'S a. (First) b. (Mid- MAIDEN NAME Dary	ile)	c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		SLY BORN TO THIS MOTHER (Do NOT include this child)
43 YEARS New York	a. How many chil- h	o. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
17. INFORMANT			(born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREG. 18b. WEIGHT AT BIRTH 19 Was a standard	complexical test for	r syphilis performed?	Yes No
NANCY WEEKS LBS. OZS. Approximate da	te serological test loi	r syphins performed:	iesivo
CAUSE OF STILLBIRTH State only morbid conditions	<u> </u>		
causing fetal death (do NOT 20b, MATERNAL CAUSES			٦, ١, ١
Prematurity, Asphyxia, etc.)	ter am	o ingo ca.	cardie
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERAT	IONS FOR DELIVERY	No sand - crancy
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D.,	midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	emouto C	<u> </u>	Le-13-55
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT attended by physician	RE OF AUTHORIZED OFFICIA	L TITLE
25 BURIAL, CREMA- CSB, DATE 25c, NAME OF CEMETER	1 - 1 - 1	5d. LOCATION (City, town, or	county) (State)
Junal (Specify) June ? 13 (Con)	emelous	lleon o	edolo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26, FUNERAL DIRECTOR	* Vienian	DDRESS aloko
Truly 1133 January and gran	1070	- 2000	Jalo
1			

RECEIVED			100
PHS-797(VS) 4-48 1111 1 9 1955 1949 Revision of	Standard Certificate) State File	No.
FEDERAL SECURITY AGENCY OF TO CERTIFICATE	OF STILLBIR	TH Local Reg.	
Division of Vital Statistics State of	Idaho	Reg. Dist.	No. 6/6
I. PLACE OF STILLBIRTH	2 USUAL RESID	ENCE OF MOTHER (Where	dose mother live?)
a. COUNTY p. '//	a. STATE	1 - 1 b. COUNTY	\mathcal{Q} .
b. CITY (If outside corporate limits, write RURAL and give township)	C CITY (If outside so	qq N D rporate limits, write RURAL and give	township
OR Idaho Folls	OR TOWN	Black lost	···
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR	d. STREET	(If rural, give location)	
HOSPITALOR Sacred heart Hospita	ADDRESS	1275 Bunse	L
3. CHILD'S NAME		1	
(Type or Print)	Tea	eder	
	WIN OR TRIPLET (This of	hild born) 6. DATE OF (Mont	th) (Day) (Year)
SINGLE TWIN TRIPLET 15T	2ND	J C DRE	ne 19 1955
7. FATHER'S a. (First) b. (Midd	lle)	C. (Last)	8. COLOR OR RACE
Derwood		Meader	ω
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	1 t	BUSINESS OR INDUSTRY
29 YEARS LOGAN, UTAh	Floor Cove	evius contracts	
12. MOTHER'S a (Fist) b. (Midd	ile)	d (last)	13. COLOR OR RACE
NAME /readora		Pruse	ω
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER (
2 5 YEARS	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT			(born dead after 20 weeks pregnancy)?
Dewood Keader father	3		
		or syphilis performed?	YesNo
WEEKS LBS. OZS. Approximate da	ite.		
CAUSE OF STILLBIRTH 201. FETAL CAUSES	1 4	1 - 1	
State only morbid conditions Aunalul s	esaral	m of a	Xacenta
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		/ \]	1
1	·,		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
Vrematice separation of olacente	1 /	ne	Les part groven/
I hereby certify that I esse ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M.)	D., midwife, or other)	23b. DATE SIGNED
child who was born dead	KK3 /	// C	10/2/30
on the date stated above 23c. ATTENDANT'S ADDRESS	attended by	TURE OF AUTHORIZED OFFICIA	L / (TITLE
atm.	physician	25d. LOCATION (City, town, or	county) (State)
25a, BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER	.T OR CREMATURY	A Control (City, town, of	- 2
Cremetaria Dune 19-1955	7 00 51015011 510500	The secretary of	ODRESS 0.4
DATE REC'D BY LOCKE PROSISTRAR'S SIGNATURE	26. FUNERAL DIRECT	OR DE BO	RIH WILL
4/19/55 James Judger	1 sawa	ra vaccham	, rugi, walk

FHS-797(VS)	ECEIV	Epg Revision of	Standard Certificate	`	State File	$_{No}$ 10	3
4-48 FEDERAL SECURITY AGEN	celUI 5 19F	6RTIFICATE	OF STILLBIR	TH	Local Reg.	7 9	2
DIIDI IC DEALTH SEBVICE	vision of Vital St	tatistics State of				No6./	D
1. PLACE OF STILLBIR	TH .		2. USUAL RESIDI	NCE OF MO		does mother live?)
a. COUNTY Bonne	ville		a. STATE Idah	0	b. COUNTY	fferson	l
b. CITY (If outside corporate lin	nite, write RURAL and gi	ve township)	C. CITY (If outside cor	porate limite, write			
тойн Idaho	Falls		town Men	an			
c. FULL NAME OF (If not in h HOSPITAL OR INSTITUTION SACT	compital or institution, give		d. STREET ADDRESS	(If rural, give los	ation)		
3. CHILD'S NAME							
(Type or Print)	Sus	an P	oole				
4. SEX 5a. THIS E			WIN OR TRIPLET (This of	alid born) 6. DAT	LBIRTH _		(Year)
Female single		TRIPLET 1ST 1		RD 🔲 📗	Ju		1955
7. FATHER'S NAME	a. (First)	b. (Midd	· ·	c. (Last)		8. COLOR OR	
	Kenneth		<u>F</u>	0016		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (Sta	te or foreign country)	11a. USUAL OCCUPAT	ION		BUSINESS OR	INDUSTRY
45 YEARS	I	daho	Mechanic		Automo		
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	lle)	c. (Last)		13. COLOR OR	
NAME	Verla			Lewis		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (Sta	te or foreign country)	16. CHILDREN PREVIO				
39 YEARS	Id ah	0	a. How many chil- dren are now living?	b. How many born alive but ar	children were e now dead?	c. How many children were (born dead after	stillborn
17. INFORMANT	Por	le	9	0		pregnancy)?	1 20 WOCES
18a, LENGTH OF PREGNANCY WEEKS	WEIGHT AT BIRTH LBS. OZS.	¹⁹ Was a standard Approximate da		or syphilis p	erformed?	Yes	No
CAUSE OF STILLBIRTH	20a. FETAL CAUSES						
State only morbid conditions							
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAU	1	nta:				
21. STATE ANY COMPLICATION	IS OF PREGNANCY A	D LABOR V	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
I hereby certify that I	23a. ATTENDAN	TS SMATURE	. 11)., midwife, or oth	er)	23b. DATE SIG	NED
attended the birth of this		191	m.D.			7/1/5	<u> </u>
child who was born dead on the date stated above	23c. ATTENDANT'S A	ADDRESS	If NOT 24. SIGNA physician	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
25a. BURIAL, CREMA- 25b.	DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
TION, REMOVAL (Specify) 6/	/29/55	Cedar Butte		Jeffer	rson Co		
DATE REC'D BY LOCAL REG.	STRAR'S SIGNATURE	ساوس	26. FUNERAL DRECT	Pr. Hoor I	•	odress 118,Id	aho_
		U			· · · · · · · · · · · · · · · · · · ·		

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RECEIVED 104 JUN 3 0 1955949 Revision of Standard Certificate) CERTIFICATE OF STILLBIRTH PHS-797(VS) State File No. Local Reg. No .. FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE Division of Vital Statistics State of Idaho Reg. Dist. No. 2 USUAL RESIDENCE OF MOTHER (Where does mother live?) 1. PLACE OF STILLBIRTH b. COUNTY a. STATE a. COUNTY save c. CITY (If outside corporate limits, write RURAL and give township) b. CITY (If outside orate limits, write RURAL and give township) OR TOWN TOWN c. FULL NAME OF d. STREET tal or institution, give ADDRESS HOSPITAL OR INSTITUTION 3. CHILD'S NAME (Type or Print) 6. DATE OF STILLBIRTH (Day) 5b. W TWIN OR TRIPLET (This child born) (Month) (Year) 5a. THIS BIRTH 4. SEX SINGLE TWIN TRIPLET 1ST COLOR OR RACE a. (First) (Last) b. (Middle) 7. FATHER'S NAME 11b. KIND OF BUSINESS OR INDUSTRY 11a. ÚSl 9. AGE (At time of this birth) YEARS 13. COLOR OR RACE b. (Middle) c. (Last) 12. MOTHER'S MAIDEN NAME 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 15. BIRTHPLACE (State or foreign country) 14. AGE (At time of this birth) c. How many OTHER a. How many children are now living? b. How many children were YEARS born alive but are now dead? children were stillborn (born dead after 20 weeks 17 INFORMANT pregnancy)? 18b. WEIGHT AT BIRTH 18a. LENGTH OF PREGNANCY 19 Was a standard serological test for syphilis performed? DE Permined Approximate date WEEKS 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES Prematurity, Asphyxia, etc.) elwer telling lone exidente ALL OPERATIONS FOR DELIVERY 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 23b. DATE SIGNED 238. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) I hereby certify that I attended the birth of this child who was born dead TITLE 24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT on the date stated above 23c. ATTENDANT'S ADDRESS attended by physician (State) 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) 25a. BURIAL, CRÉMA-TION REMOVAL (Specify) 256. DATE

26 FUNERAL

ADDRESS

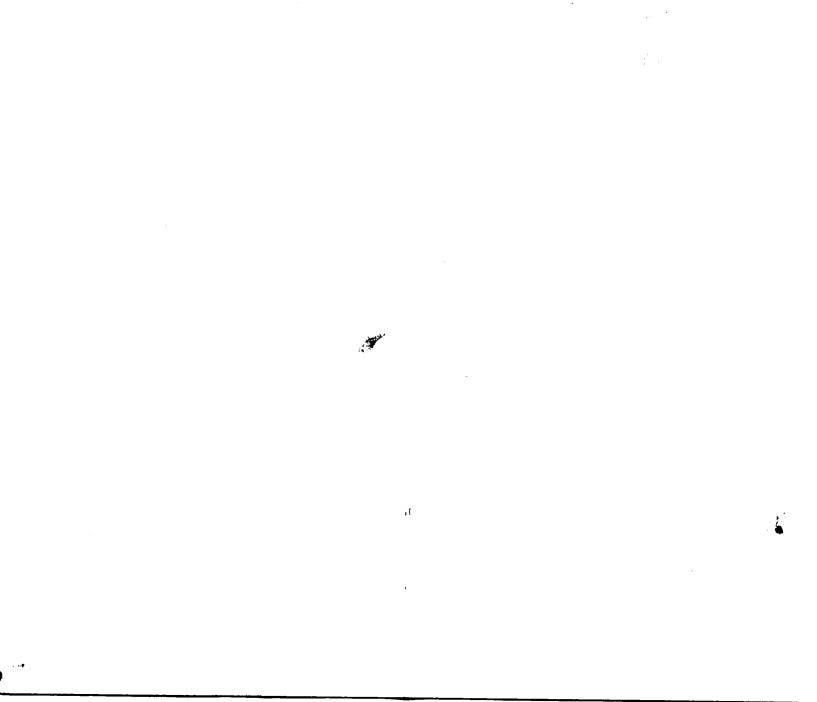
DATE REC'D BY LOCAL

REG.

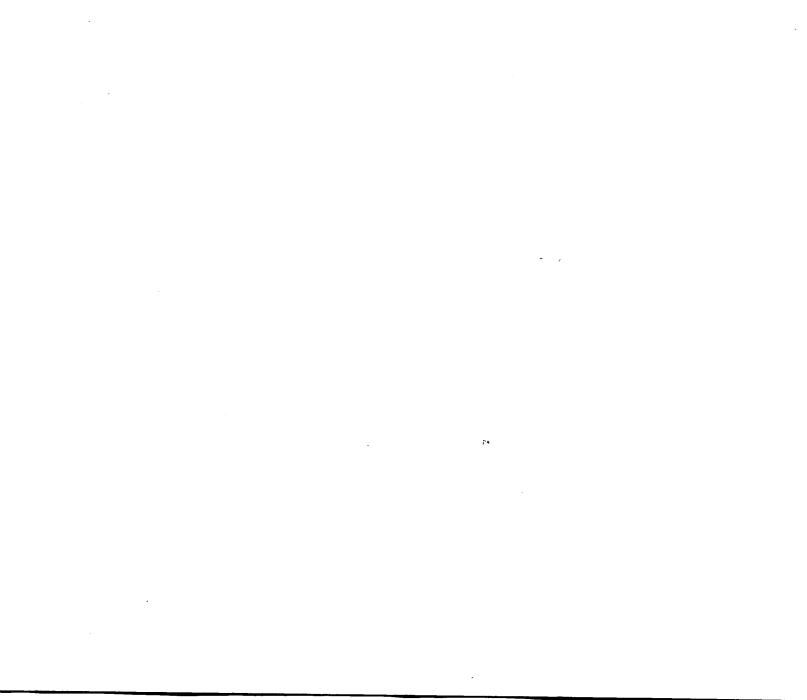
REGISTRAR'S SIGNATURE

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PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	ITY AGE	JUL 14 19	CERTIFIC	ATE	OF STIL	rtificate) LBIRTH	Local Re	le No. 105 eg. No. 340-34	<u>)</u> ,
			S	tate of	Idano				,.l
1. PLACE OF S	TILLBIR Cai				a. STATE	RESIDENCE Idaho	OF MOTHER (Whe	ere does mother live?)	
b. CITY (If outside OR TOWN		mits, write RURAL and	give township)		c. CITY (III OR TOWN	outside corporate li	mite, write RURAL and gi	ve township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION	- ·	hospital or institution, gl	ive street address or I	ocation)	d. STREET ADDRESS	(If ru	ral, give location)		
3. CHILD'S NAI	ME	Засу	Potter		!				==
4. SEX	5a. THIS	BIRTH	TRIPLET	,5b. IF T	WIN OR TRIPLE	T (This child born)	TILL PLATE	onth) (Day) (Year	r)
7. FATHER'S NAME		a. (First)	R.	b. (Midd		c.	(Last)	8. COLOR OR RACE	_
9. AGE (At time of th		10. BIRTHPLACE (S			11a. USUAL C		Diversity of the control of the cont	OF BUSINESS OR INDUST	ΓRY
12. MOTHER'S MAIDEN NAME		a. (First) len		b. (Midd	•	e. arns for	(Last)	13, COLOR OR RACE	=
14. AGE (At time of the	is birth)	15. BIRTHPLACE (8		ry)				(Do NOT include this ch	ild)
17. INFORMANT	YEARS Me	linn R.	Potte	2()	a. How many dren are now		many children were ive but are now dead?	c. How many OTHE children were stillbo (born dead after 20 wee pregnancy)?	n
18a. LENGTH OF PRINAN WEEKS	ICY I	WEIGHT AT BIRTH LBS. 7 202S.	19 Was a sta Approxim	andard nate dat	serological	test for syr	hilis performed?	Yes X No]
CAUSE OF STILI State only morbid of causing fetal death (use such terms as & Prematurity, Asphyx	onditions (do NOT Stillbirth, da, etc.)	IS OF PREGNANCY /	ARITY AUSES PEAVIC AND LABOR		22. STATE ALI	L OPERATIONS I			_
EXCESSIVE I hereby certify			Y POL YHY IT'S SIGNATI			M/1	2- FORBEA (fe. or other)	23b. DATE SIGNED	
attended the birth	of this	23c. ATTENDANT'S	ADDRESS	14	II NOT 24.	was	M.O. AUTHORIZED OFFICI	JUNE 21,	195
at 2 ³³	2 m.	EMMETT,	IDAHO	<u></u>	attended by physician				
Z5a. BURIAL, CREM TIQN, REMOVAL (8pec	IA- 25b. stry) ごし	ne 10 💯	25c. NAME OF C		OR CREMATO	RY 25d. LO	CATION (City, town, o	r county) (State 1 a n O	5
	AL REG	ISTRAR'S SIGNATUR	E Deatti.	,	26. FUNERAL	DIRECTOR	n W Br	brackt. Ida	– no
		<u>المنامي المعاملة</u>		·		//			<u> </u>



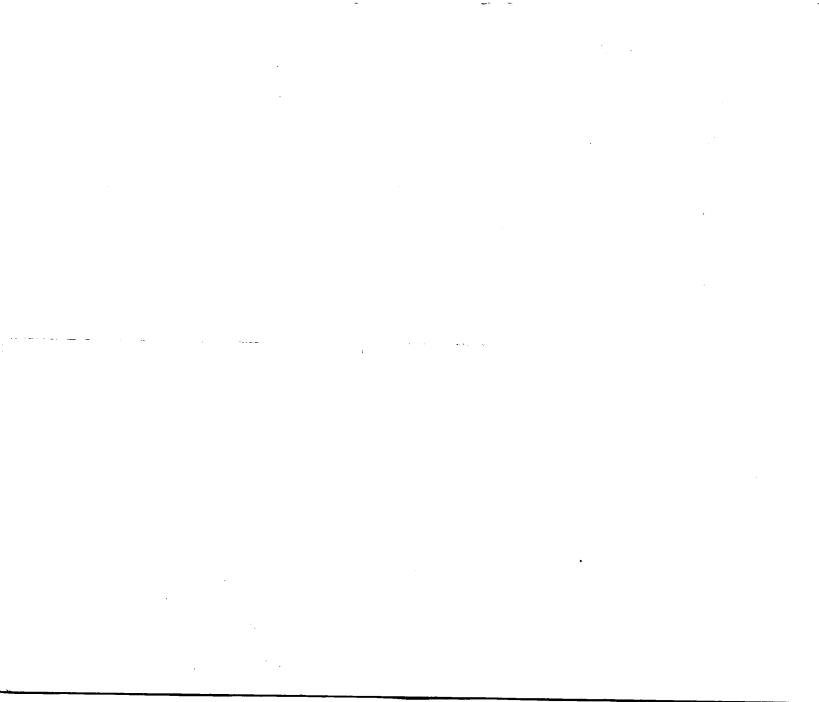
PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY JUL 13 1858 TIFICATE PUBLIC HEALTH SERVICE Division of Vital Statistics State of	OF STILLBIR	TH Loca	File No. 106 1 Reg. No. 29 Dist. No. 630
1. PLACE OF STILLBIRTH		ENCE OF MOTHER	
a. COUNTY Madison	a. STATE Ide	ho b. cou	Medison
 CITY (If outside corporate limits, write RURAL and give township) OR 	OR _	rporate limits, write RURAL	and give township)
TOWN Rexburg	TOWN RE	xburg	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Madison Memorial	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME			
(Type or Print) Baby Boy Parkinson			
4. SEX 5a. THIS BIRTH .5b. IFT .5b. IFT .5c. IF	WIN OR TRIPLET (This c	6. DATE OF STILLBIRTH	(Month) (Day) (Year) June 18, 1955
7. FATHER'S a. (First) b. (Midd NAME	le)	c. (Last)	8. COLOR OR RACE
H. Maughn Parki	nson		White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TON 116. KI	IND OF BUSINESS OR INDUSTRY
41 years Rexburg, Idaho	Farmer		
12. MOTHER'S a. (First) b. (Midd	lle)	c. (Last)	13. COLOR OR RACE
NAME Valeria		Evans	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	ļ—————————————————————————————————————		THER (Do NOT include this child)
40 YEARS Malad, Idaho	a. How many children are now living?	b. How many children born alive but are now d	ead? (c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
	2	0	O.
40 WEEKS 13 LBS. 2 OZS. Approximate da		or syphilis perform	ned? Yes No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES 20b. MATERNAL CAUSES	s unti	lical UL	2-3 days)
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead	\sim , γ_2	O., midwife, or other)	23b. DATE SIGNED
on the date stated above at m.	If NOT 24. SIGNA attended by physician	TURE OF AUTHORIZED C	OFFICIAL TITLE
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER TION, REMOVAL (Specific) 6/18/55 Fielding	Memori 1	25d. LOCATION (City, to I aho Fa	lls, Taho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT	Math	Address Dozebu g, Isaho
	-		



RECEIVED JUN 2.2 10 He49 Revision of Standard Certificate) PHS-797(VS) State File No. 4-48 CERTIFICATE OF STILLBIRTH FEDERAL SECURITY AGENCY Local Reg. No..... PUBLIC HEALTH SERVICE Division of Vital Statistic State of Idaho Reg. Dist. No.. 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY a. STATE b. COUNTY Nez Perce Nez Perce Idaho b. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) OR Lewiston Lapwai TOWN c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) HOSPITAL OR ADDRESS Rt. # 1 St Joseph Hospital INSTITUTION 3. CHILD'S NAME (Type or Print) IONATHAN HERMAN REUBEN. Ir. 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Day) (Year) (Month) STILLBIRTH 5. SINGLE A June 1955 Male 1ST TWIN TRIPLET 2ND 3RD a. (First) b. (Middle) 8. COLOR OR RACE 7. FATHER'S c. (Last) NAME Herman Reuben Indian Jonathan 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY 9. AGE (At time of this birth) Farming & Lumbering 24 Lapwai, Idaho Laborer YEARS 13. COLOR OR RACE 12. MOTHER'S a. (First) b. (Middle) c. (Last) MAIDEN Carolonia Romona Pennev Indian NAME 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 14. AGE (At time of this birth) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER Idaho YEARS children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? 18a. LENGTH OF PREG-NANCY 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes.......... No..... Approximate date WEEKS LBS. ozs 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23b. DATE SIGNED TEMDANT'S SIGNATURE (Specify if M. D., midwife, or other) I hereby certify that I attended the birth of this MARCO child who was born dead DANT'S ADDRESS TITLE If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL on the date stated above attended by at 6-5-55 physician 25a. BURIAL, CREMA-TION, REMOVAL (Specify) 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State) 25b. DATE Lapwai Tribal Cemeterv Lapwai. Nez Perce Co.. Ida. Buria] 26. FUNERAL DIRECTOR Brower-Wann Conderess Lewiston.

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE



	Standard Certificate		
FEDERAL SECURITY ACTION (CERTIFICATE PUBLIC HEALTH SERVICE		TH Local Reg Reg. Dist.	
Bigides of Vital Emission State of	· · · · · · · · · · · · · · · · · · ·		
1. PLACE OF STILLBIRTH a. COUNTY Washington		ence of mother (where daho b. COUNTY	Washington
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Weiser.	II OR ++	rporate limite, write RURAL and give	a township)
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION.Weiser Memorial Hosp.	d. STREET ADDRESS W	(If rural, give location) 2nd. St.	
3. CHILD'S NAME (Type or Print) BABY GIRL SKOW	"		
4. SEX 5a. THIS BIRTH 5b. IFT 5b. IFT 1st [WIN OR TRIPLET (This et		une 3, 1955
7. FATHER'S a. (First) b. (Midd Fred		c. (Last) KOW	8. COLOR OR RACE White
9. AGE (At time of this birth) 32 YEARS Weiser, Idaho	11a. USUAL OCCUPAT		BUSINESS OR INDUSTRY - PORTHAMA COM
12. MOTHER'S a. (First) b. (Midd MAIDEN Margie	ile)	c. (Last) H atch	13. COLOR OR RACE White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER	
21 YEARS Salt Lake City, Uta	dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
Mrs. Tenneth Skow	None	None	pregnancy).
		or syphilis performed?	Yes No.
OAUSE OF STILLBIRTH State only morbid conditions	4		
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	Separation	week lacent	Pa ,
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
I hereby certify that I 23a ATTERDAM SIGNATURE attended the birth of this	(Specify If M. T), hidwife, or other)	23b. DATE SIGNED 6-4-53
child who was born dead on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNAT attended by physician	TURE OF AUTHORIZED OFFICIA	AL TITLE
25a. BURIAL, CREMA- TION. REMOVAL (Specify) 6-15-55 Northam-J	Y OR CREMATORY	25d. LOCATION (City, town, or Wdiser, Idah	
Grenation 6-15-55 Northam-J	26. FUNERAL DIRECT	OR A	DDRESS
6-15-55 Music Haulton	of alee	Momeron Wei	ser, Idaho

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Juliu 1

PHS-797(VS) PHS-797(VS) 4-48 FEDERAL SECURITY AGENCYUL 20 DERTIFICATE PUBLIC HEALTH SERVICE DEVISION OF Vital Statistics State o	Standard Certificate) OF STILLBIRTH Local Reg. No. 2.15 Reg. Dist. No. 3.70
i. PLACE OF STILLBIRTH a. COUNTY Ada	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise
c. FULL NAME OF (If not in hospital or institution, give effect address or location) HOSPITAL OR INSTITUTION St Lukes	d. STREET (If rural, give location) ADDRESS 5623 Sites
3. CHILD'S NAME ((Type or Print) Baby BOY	SMITH
Me] SINGLE TWIN TRIPLET 15T	sro STILLBIRTH June 28, 1955
7. FATHER'S a. (First) b. (Mid NAME Merlin	c. (Last) 8. COLOR OR RACE Smith White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
26 YEARS San Diego Californi	Salesman Building supplies
12. MOTHER'S a. (First) b. (Mid MAIDEN NAME Trens	dle) c. (Last) 13. COLOR OR RACE Horning White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
25 YEARS MOSCOW, Idaho	a. How many children were dren are now living? b. How many children were children were stillborn children were stillborn (born dead after 20 weeks pregnancy)?
x Melin 7 Smith	
18a. LENGTH OF PREGNANCY 38 WEEKS LBS. OZS. Approximate de	serological test for syphilis performed? Yes
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphysia, etc.) 20a. FETAL CAUSES Unknown — A 20b. MATERNAL CAUSES None	utopsy showed no abnormality
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY LML RPISIOFORY
I hereby certify that I attended the birth of this child who was born dead	(Specify if M. D., midwife, or other) 23b. DATE SIGNED
on the date stated above at	If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMA- TION REMOVAL (Spectly) 6/30/55 25c. NAME OF CEMETER Durial Dry Creek C	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 7-14-55 Muetle Falmer	26. FUNERAL DIRECTOR ADDRESS 318 N. Lata
	RELYEA MORTUARY Boise, Idah

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PHS-797(VS) 4-48	GENCY JUL 23	15 4949 Revision of	Standard Certificate	e)	State File	No	110
FEDERAL SECURITY A PUBLIC HEALTH SERVICE	GENCY JOL & O	CERTIFICATE	OF STILLBIF	RTH	Local Reg	. No <i>L.T.</i>	<u> </u>
TODLIC HEALITY SERVICE	Division of Vital	Statistics State of	f Idaho		Reg. Dist.	No. 3.74	<u>}</u>
1. PLACE OF STILL	3IRTH		2. USUAL RESID	ENCE OF M	OTHER (Where	e does mother liv	e7)
a. COUNTY	Ada		a. STATE	Ada	b. COUNTY		
b. CITY (If outside corpora	ate limits, write RURAL and	dve township)	c. CiTY (If outside co			township)	H
	pise		TOWN	Boise			
c. FULL NAME OF (If no HOSPITAL OR	t in hospital or institution, giv	e street address or location)	d. STREET ADDRESS	(If rural, give	location)		
INSTITUTION St.	Luke's Hospi	ital		17 Daisy	•		
3. CHILD'S NAME							
(Type or Print)	In:	fant Girl Str	aub				
	HIS BIRTH	.5b. IF 7	TWIN OR TRIPLET (This o	hild born) 6. D	ATE OF (Mont	th) (Day)	(Year)
F sing	LE X TWIN	TRIPLET ST	2ND	3RD	7	4	55
7. FATHER'S NAME	a. (First)	b. (Midd	ile)	c. (Last)		8. COLOR OF	R RACE
	Daniel	none	e	Straub)	W	
9. AGE (At time of this birth)	1		11a. USUAL OCCUPAT	TION		BUSINESS OF	
39 yea		1	Salesman		Service	e Parts	Co.
12. MOTHER'S MAIDEN	a. (First)	b. (Mide	ile)	c. (Last)		13. COLOR C	R RACE
NAME	Lois	none		Nadeau		W	
14. AGE (At time of this birth)	15. BIRTHPLACE (8t	ate or foreign country)	16. CHILDREN PREVIO	,	~	 	
<u>36 yea</u>	rs Idaho		a. How many chil- dren are now living?	b. How man born alive but	y children were are now dead?	c. How man children wer	re stillborn
17. INFORMANT	Q D	~4	0	1		(born dead af pregnancy)?	ter 20 weeks
Jeley /	o Mass, G	deceletar				0	
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH 2 LBS. 8 OZS.	¹⁹ Was a standard Approximate da	serological test f	or syphilis	performed?	YesV	No
CAUSE OF STILLBIRT	H 20a. FETAL CAUSES				-1 / v -/	<u></u>	
State only morbid condition	nna '				£ 4		•
causing fetal death (do No use such terms as Stillbir Prematurity, Asphyxia, etc.	th, 20b. MATERNAL CA	JSES My patter	un CNI	Mes, -	agenta	1 Acs	KAR
	<u> </u>	1514	central S	mA MA	chin	,	
21. STATE ANY COMPLICAT	TIONS OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DI	ELIVERY		
In when	un			0)	
I hereby certify that	• "	T'S SIGNATIORE	(Specify if M. I	o, midwife, or o	ther)	23b. DATE SI	GNED
attended the birth of the		147	Helema	u, /	n-W-1	7-1	4:5
on the date stated abo		IDDRESS	If NOT 24. SIGNAT	TURE OF AUTH	ORIZED OFFICIAL	Ļ /	TITLE
at m.			physician				
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	5b. DATE	25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATIO	N (City, town, or	county)	(State)
Genetion	7-6-531	It Lukes	Hoplul	130	in		Idaleo
DATE REC'D BY LOCAL I	REGISTRAR'S SIGNATURE	$\mathcal{D}_{\mathbf{A}}$	26. FUNERAL DIRECT	OR	AD AD	DRESS	1001
7-6-55	1 lightle	Talmer	John B.	Kuss (educistrat	ter Sto	Lukes HA
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RECEIVED PHS-797(VS) (1949 Revision of Standard Certificate) State File No. FEDERAL SECURITY AGENCY JUL 26 CERTIFICATE OF STILLBIRTH Local Reg. No. 2/8 PUBLIC HEALTH SERVICE Reg. Dist. No. 370 Division of Vital Statistics State of Idaho 1 PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY a. STATE b. COUNTY ADA TDAHO ATIA b. CITY (If outside corporate limits, write RURAL and give township) c. CiTY (If outside corporate limits, write RURAL and give township) OR TOWN OR BOTSE BOTSE c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) HOSPITAL OR ST. LUKE'S HOSPITAL 820 NO. 18th STREET 3. CHILD'S NAME (Tupe or Print) HERBERT KEVIN ROBERTSON 5b. IF TWIN OR TRIPLET (This child born) 4. SEX 5a. THIS BIRTH 6. DATE OF (Year) (Month) (Day) SINGLE X TWIN JULY 14. 1955 MALE TRIPLET 2ND 3RD 7. FATHER'S a. (First) 8. COLOR OR RACE b. (Middle) c. (Last) NAME WHITE ROBERTSON HERBERT CARL 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY WEST VIRGINIA SUPERINTENDENT STATE HIGHWAY DEPT. **YEARS** 12. MOTHER'S a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE MAIDEN WHITE NAME BETTY LOU SMTTH 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 14. AGE (At time of this birth) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER SOUTH DAKOTA YEARS children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? 0 ٦ MOTHER - MRS. BETTY LOU ROBERTSON 18a. LENGTH OF PREG- | 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. No..... NANCY Approximate date 2 LBS. / OZS. WEEKS 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL ANY COMPLICATIONS OF PREGNANCY AND LABOR 23b. DATE SIGNED I hereby certify that I 23a. A7 D., midwife, or other) attended the birth of this child who was born dead II NOT TITLE on the date stated above 24. SIGNATURE OF AUTHORIZED OFFICIAL attended by at 7:23 P. m. physician 25a, BURIAL, CREMA-25b. DATE 25c. NAME OF CEMETERY OR CREMATORY (State) 25d. LOCATION (City, town, or county) TION, REMOVAL (Specify) Boise, Idaho Cremation DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS Luke's Hospital 11017 calculate 26

PHS-797(VS) 4-48 FEDERAL SECURIT PUBLIC HEALTH SER	TY AGEN	ECEIVED 1	/ C (1949 R 3 6E RTIF	Revision of	Standard Certij OF STILL	ficate) BIRTH			. No 2.3.	
		vision of Vital	Statistics	State of	Idaho			Reg. Dist.	No3.74)
1. PLACE OF ST a. COUNTY Ada		TH				sidence laho	OF MO	THER (Where	does mother live	7)
b. CITY (If outside of TOWN Boi		nite, write RURAL an	d give township)			side corporate li Boise	mite, write	RURAL and give	township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION		lospital or institution.	give street address	or location)	d. STREET ADDRESS		ral, give loc East	Ba nnoc k	St	
3. CHILD'S NAM ((Type or Print)	1E /	ा <mark>ाnfant</mark>	Perfec	t ·						
4. SEX S	Sa. THIS E		TRIPLET	5b. IF T	WIN OR TRIPLET (This child born)	6. DAT STIL Ju	E OF (Mont IBIRTH 16.	(Day) 1955	(Year)
7. FATHER'S NAME		a. (First)		b. (Midd	Je)	c.	(Last)		8. COLOR OF	RACE
	<u>.</u>	ames		Ε.		F	erfec	t	White	t
3, AGE (At time of this	birth)	10. BIRTHPLACE		ountry)	11a. USUAL OCC			11b, KIND OF	BUSINESS OR	INDUSTRY
24 Yrs.	YEARS	Boise	Idaho		Truck	Driver				
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	lle)	c.	(Last)		13. COLOR O	R RACE
NAME	L	ois		Mar	ie	9	Starr	[White	
14. AGE (At time of this	birth)	15. BIRTHPLACE		ountry)	16. CHILDREN P	REVIOUSLY B	ORN TO T	HIS MOTHER (Do NOT inclu	ie this child)
24 17. INFORMANT	YEARS	Boise	Idaho		a. How many of dren are now liv	chil- ing? born a	w many dive but ar	children were e now dead?	c. How many children wer (born dead aft	e stillborn
* Mus.	Jus	nes E.	Lug	lect	Three		None		pregnancy)?	
184. LENGTH OF PRE NAME 28-30 WEEKS		LBS. 3 OZS	Approx	standard ximate da	serological te te	st for sy	ohilis p	erformed?	Yes X	No
CAUSE OF STILL	BIRTH	20a. FETAL CAUS	es)		,				
State only morbid co	nditions to NOT		<u>_</u> _	<u>}</u>	- rema	inj	1-	Jih Harris	1/h	neoneal
causing fetal death (cuse such terms as 8) Prematurity, Asphyxi	tillbirth, a, etc.)	20b. MATERNAL (CAUSES)			Ú		· /	<i>;</i>
21. STATE ANY COMP	LICATION	S OF PREGNANCY	AND LABOR		22. STATE ALL C	PERATIONS	FOR DEL	VERY		
	- 1	· cn			1			man.		
I hereby certify attended the birth child who was bor	of this	23a. ATTENDA	NT'S SIGN	ATURE	(Specify if	M. D., midw	ife, or oth	(er) ///)	23b. DATE SI	SNED からら
on the date stated		23c. ATTENDANT	S ADDRESS		If NOT 24. Si attended by physician	IGNATORE O	FAUTHOR	RIZED OFFICIAL	L	TITLE
25a, BURIAL, CREM TON, REMOVAL (Speci	A- 25b.	DATE - 18 - 54	25c. NAME C	OF CEMETER	Y OR CREMATORY	25d-t.0	CATHON	(City, town, or	county) →	(State)
DATE REC'D BY LOC RE 7-27-55		ETRAR'S SIGNATU Neatle	REfalm	eer	26. FUNERAL DI	RECTOR	نُمِدِهِ	ma	DRESS	elson
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4-48		_ (1949 Revision of	Standard Certificate	;) 	State File 1	
PUBLIC HEALTH SERVICE	SENERO CITO I CO	ERTIFICATE	OF STILLBIF	RTH	Local Reg. Reg. Dist. 1	A . A
	AVISION OF FILE . To	fistics State of	Idaho		reg. Dist. 1	10
1. PLACE OF STILLE	IRTH		2. USUAL RESID	ENCE OF MOT	HER (Where	loss mother live?)
a. COUNTY Ada			a. STATE Idal	100 i	b. COUNTY	Ada
b. CITY (If outside corpora	te limite, write RURAL and giv	e township)	c. CITY (If outside on		URAL and give t	
OR TOWN Boise	•		TOWN Bois			
C. FULL NAME OF (If not	in hospital or institution, give	street address or location)	d. STREET	(If rural, give loca	tion)	
HOSPITAL OR INSTITUTION St.	Lukes Hospits	1	ADDRESS	6 Michiga	n	
3. CHILD'S NAME				o aromea	<u> </u>	
((Type or Print)	BABY	GIRL F	ECORA			
	IS BIRTH		WIN OR TRIPLET (This o	hild born) 6. DATE	OF (Month) (Day) (Year)
Female sing	LE X TWIN	TRIPLET 1ST _	2ND	3RD	July	22, 1955
7. FATHER'S NAME	a. (First)	b. (Mide	lle)	c. (Last)		8. COLOR OR RACE
	Stuart	C.	· · · · · · · · · · · · · · · · · · ·	Pecora		White
9. AGE (At time of this birth)	10. BIRTHPLACE (State	or foreign country)	11a. USUAL OCCUPAT	ION	IIb. KIND OF I	BUSINESS OR INDUSTRY
41 YEAR	RS Georgetown	Idaho	Body repair	8	<u>Automoti</u>	.ve
12. MOTHER'S MAIDEN	a. (First)	b. (Mide	lle)	c. (Last)		13. COLOR OR RACE
NAME	Dolores	I.	<u></u> -	Mage		White
14. AGE (At time of this birth)	15. BIRTHPLACE (State	e or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO TH	IS MOTHER (I	o NOT include this child)
YEA	RS Eagle Ide	ho	a. How many chil- dren are now living?	b. How many cl born alive but are	nildren were	c. How many OTHER children were stillborn
17. INFORMANT	w 12		2	None		(born dead after 20 weeks pregnancy)?
x stuant a	e. Teco.	Boise		NOILG		2
18a. LENGTH OF PREG- 1 NANCY	8b. WEIGHT AT BIRTH	⁹ Was a standard	serological test f	or syphilis pe	rformed?	Yes No
WEEKS	LBS, OZS.	Approximate da	te	- · · · · · · · · · · · · · · · · · · ·		<u> </u>
CAUSE OF STILLBIRT		デナ` ノ	0 1			
State only morbid condition causing fetal death (do NC use such terms as Stillbirt	ns Cr	hubon of	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ر همريا		
use such terms as Stillbirt Prematurity, Asphyxia, etc.	h, 20b. MATERNAL CAUS	ses U √e_				
21. STATE ANY COMPLICAT	IONS OF PREGNANCY AN	D LABOR	22. STATE ALL OPER	ATIONS FOR DELIV	ERY	
			_			
I hereby certify that	I 23a. ATTENDANT	'S SIGNATURE	(Specify if M. I)., midwife, or other	;)	23b. DATE SIGNED
attended the birth of th	is L	and B H	holina M.	E	•	7-29-55
child who was born dec on the date stated abo		DORESS	I NOT 24 SIGNA	TURE OF AUTHORI	ZED OFFICIAL	TITLE
at m.	Brise		attended by physician			
	5b. DATE 2	Sc. NAME OF CEMETER	<u> </u>	25d. LOCATION (City, town, or o	ounty) (State)
TION, REMOVAL (Specify) Cremation	7-29-55	St. Lukes Ho		Boise	Ada	Idaho
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	7	26. FUNERAL DIRECT	-	ADD	RESS
7-29- 56 REG.	must	lonery	1. 1500)	1/2/	ء 14ء م	N. Latah
	inguie a	war or	RELYEA MORT	PIT ADV		se, Idaho
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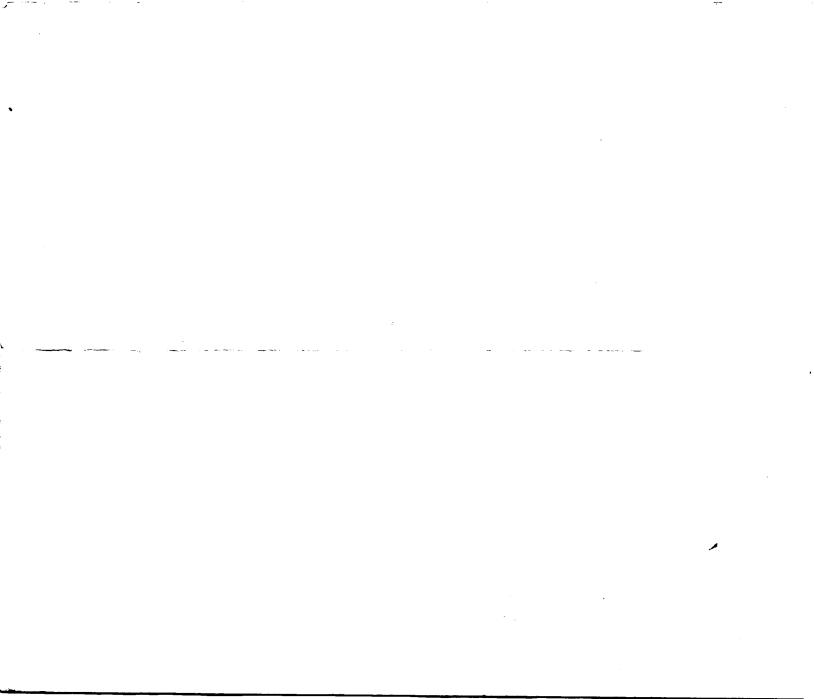
PHS-797(VS) RECEIVE D 49 Revision of Standard Certificate) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE AUG 1 1955 FRTIFICATE OF STILLBIRTH					State File No. 114 Local Reg. No.				
PUBLIC HEALTH SE			~·~·	e of	Idaho		Reg. Dist.	No	
1. PLACE OF S	TILLEIA Donne	isipa of Vital S r	tati stics		2. USUAL RESID a. STATE Idak	ENCE OF	MOTHER (Where	-	ive?)
Δ0	oorporate li ndpoi	nite, write RURAL and	give township)		c. CITY (If outside co OR TOWN	Sandp	write RURAL and give	township)	
HOSPITAL OR INSTITUTION	Bon	ner Genl	Hosp.	ion)	d. STREET ADDRESS	(If rural, g	ive location)		
3. CHILD'S NA [(Type or Print		m Allei	n Broadsw	or	đ.				
Male	5a. THIS	X TWIN	TRIPLET .	ıst 🗆		5 ND	DATE OF (Mont STILLBIRTH Ju.	Ly 19	,1955
7. FATHER'S NAME	Char	a. (First)		(Middl		c. (La	•	8. COLOR	
9. AGE (At time of the			none)	PPOS 11a. USUAL OCCUPAT	dawor	11b, KIND OF	White	
21 Yrs		Samuels			Farmer	11014	Own Far		W INDOSTRI
12. MOTHER'S MAIDEN NAME	· · · · · · · ·	a. (First) Donna	none b.	(Midd	•	c. (La	st)	13. COLOR	
14. AGE (At time of the 20	YEARS	15. BIRTHPLACE (Sandpoint	State or foreign country)		16. CHILDREN PREVIO a. How many chil- dren are now living?		TO THIS MOTHER (any children were but are now dead?	c. How me	any OTHER
Charles	Bur	Saward	Samuels I	[da]	lyr.		none	pregnancy)	
18a. LENGTH OF PE NA WEEKS	NCY	WEIGHT AT BIRTH LBS. OZS.	Approximat		serological test t te <i>Oecem b</i>			Yes.	No
CAUSE OF STIL State only morbid causing fetal death use such terms as Prematurity, Asphy	conditions (do NOT Stillbirth,	20a. FETAL CAUSE 3 ph 20b. MATERNAL C	ysiation		cord are	nund	neck.		
21. STATE ANY COM		/ /			22. STATE ALL OPER		DELIVERY	Long	
I hereby certif attended the birt child who was be	h of this		Manuflana NT'S SIGNATUR	_	(Specity if M.A.	11/2.	or other) THORIZED OFFICIA	23b. DATE	SIGNED
on the date state		23C. ATTENDANTS	ADDRESS		attended by physician	TORE OF AC	THORIZED OFFICIA		11122
25a. BURIAL, CRE	M A- 25b.	DATE 20, 1955	25c. NAME OF CEM			1	rion (City, town, or point, Id	county)	(State)
July 29/	CAL REG	STEAR'S SIGNATU	Ralph		26. FUNERAL DIRECT	~ 1	andpoint	DRESS	ho
Earn DDY (000				- :**=			<u> </u>		

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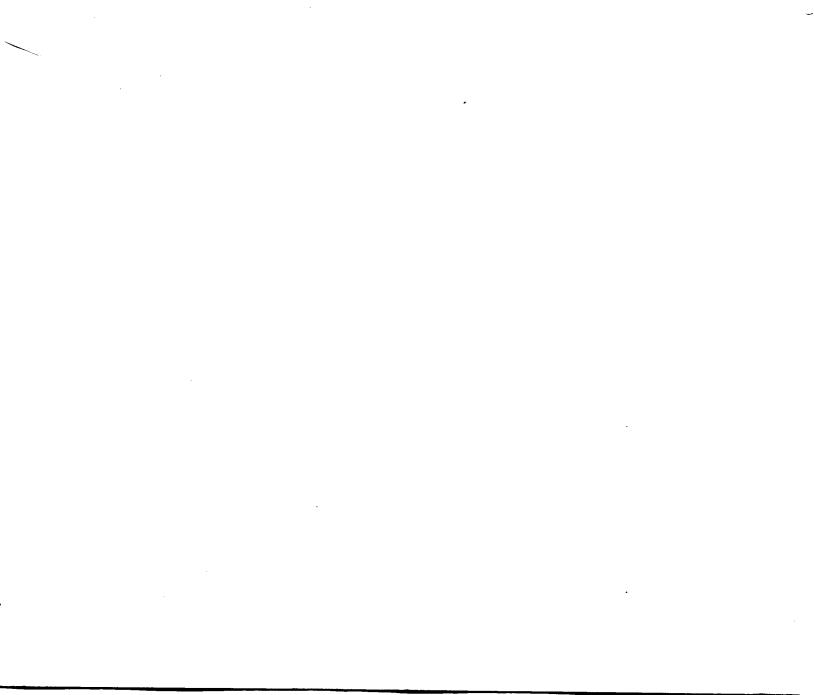
PIES-BYNES CERTIFICATE OF STILLBIRTH a. COUNTY Britision of Vital Statistics State of Idado 1. PLACE OF STILLBIRTH a. COUNTY Britision of Vital Statistics 1. PLACE OF STILLBIRTH b. COUNTY Britision of Vital Statistics 1. PLACE OF STILLBIRTH a. COUNTY Britision 1. PLACE OF STILLBIRTH b. CITY (Touchide compania links) with RUBAL and dire township) TOWN 1. CHARLE OF STILLBIRTH b. CITY (Touchide compania links) c. FULL NAME OF (If an in benjular of institution, styr arrest address or location) 1. PLACE OF STILLBIRTH b. CITY (Touchide compania links) c. FULL NAME OF (If an in benjular of institution, styr arrest address or location) d. STREET COUNTY Tre Mont 1. PLACE OF STILLBIRTH b. CITY (Touchide compania links) c. FULL NAME OF (If an in benjular of institution, styr arrest address or location) d. STREET COUNTY Tre Mont 1. PLACE OF STILLBIRTH a. COUNTY Tre Mont c. CILAST COUNTY Tre Mont c. CILAST COUNTY Tre Mont c. FULL NAME OF (If an in benjular or location) d. STREET COUNTY Tre Mont c. FULL NAME OF (If an in benjular or location) d. STREET COUNTY Tre Mont c. FULL NAME OF (If an in benjular or location) d. STREET COUNTY Tre Mont c. CILAST COUNTY Tre Mont c. CILAST COUNTY Tre Mont c. CILAST CILATRIA MAD TREVIOL (In addition persons in lains, write Robbins or location) d. STREET ADDRESS d. FITTIN OR TRIPLET (This shild bern) 6. DATE OF (Month) (Day) (Year) CALLED STREET STILLBIRTH JULY 1 [15 to 1] ADDRESS C. (Last) C. CLASS C. CLA	<u>.</u>	くとしたことと	. D		* **	•
PUBLIC HEALTH SERVICE Division of Vital Statistics State of Idaho Reg. Dist. No		1111 10 1056	1949 Revision of	Standard Certificate	e) State Fil	e No
1. PLACE OF STILLBURTH a. COUNTY O' O' N' NEW Color Ne	FEDERAL SECURITY AGEN	v. LE	TICKAIC	OF STILLBIR	RTH Local Re	
1. PLACE OF STILLBIRTH a. COUNTY BONNEY: L. b. CTY (If outside corporate limits, write RURAL and dive township) TOWN LAAL TOWN TACHA TALLS C. FILL NAME OF (If each in beneficial or Learlington, give street address or location) NSTITUTION LOS HOSP-La S. CHILD'S NAME Yarpe or Print.) S. HILD'S NAME Yarpe or Print.) S. Sea. THIS BIRTH TWIN TRIPLET (The child born) S. Sea. THIS BIRTH TWIN TRIPLET (The child born) S. C. CLESS TWIN TRIPLET (The child born) S. C. CLESS TWIN TRIPLET (The child born) S. C. CLESS THIS BIRTH S. C. CLESS S. CLESS	PUBLIC HEALTH SERVICE D	ivision of Vital Stat				
a. COUNTY b. CITY (If outside corporate limits, write RUNAL and give township) TOWN I dahe tals c. CITY (If outside corporate limits, write RUNAL and give township) TOWN I dahe tals c. CITY (If outside corporate limits, write RUNAL and give township) TOWN I dahe tals c. CITY (If outside corporate limits, write RUNAL and give township) TOWN I dahe tals c. CITY (If outside corporate limits, write RUNAL and give township) TOWN I dahe tals c. CITY (If outside corporate limits, write RUNAL and give township) TOWN I dahe tals c. CITY (If outside corporate limits, write RUNAL and give township) TOWN I dahe tals c. CITY (If outside corporate limits, write RUNAL and give township) TOWN I dahe tals c. CITY (If outside corporate limits, write RUNAL and give township) TOWN I dahe tals c. CITY (If outside corporate limits, write RUNAL and give township) TOWN I dahe tals c. CITY (If outside corporate limits, write RUNAL and give township) TOWN I dahe tals c. CITY (If outside corporate limits, write RUNAL and give township) TOWN I dahe tals c. CITY (If outside corporate limits, write RUNAL and give township) d. STREET ADDRESS RUNAL ANDRESS RUNAL ANDRESS A. FIRST LIMITY I date of the shirth or the street and give township) TOWN I d. STREET ADDRESS RUNAL ANDRESS A. FIRST LIMITY I date of the shirth or the street and give township) I limity of the street and give township I limity of the street and give township I limity of the street and give township I limity of the st			Slate of	Iddio		
D. CITY (If outside expense liable, write RURAL and give township) ON I daha talls c. FULL NAME OF (If too in hospital or institution, give arrest address or location) INSTITUTION J. S. Hospital G. FILL NAME OF (If too in hospital or institution, give arrest address or location) INSTITUTION J. S. Hospital G. FILL NAME OF (If too in hospital or institution, give arrest address or location) INSTITUTION J. S. Hospital G. FILL NAME INSTITUTION J. S. Hospital G. FILL NAME INSTITUTION J. S. LORGE G. FIRST J. FINN OR TRIPLET (This child born) J. FOLLOW OR RACE J. F. FINN OR TRIPLET (This child born) J. FOLLOW OR RACE J. F. FINN OR TRIPLET (This child born) J. FOLLOW OR RACE J. F. FINN OR TRIPLET (Month) J. S. COLOR OR RACE J. F. FINN OR TRIPLET (This child born) J. S. COLOR OR RACE J. F. FINN OR TRIPLET (This child born) J. S. COLOR OR RACE J. F. FINN OR TRIPLET (This child born) J. S. COLOR OR RACE J. F. FINN OR TRIPLET (This child born) J. S. COLOR OR RACE J. J. SINGLE J. COLOR OR RACE J. J. SUMAL OCCUPATION J. J. COLOR OR RACE MADE J. C. (Liast) J. COLOR OR RACE MALE AND STILL BIRTH J. COLOR OR RACE J. C. (Liast) J. C. CITY (If outside country) J. S. J. COLOR OR RACE J. C. L. C.		TH				ore does mother live?)
b. CITY (If qualide corporate liable, write RUIAL, and give township) OR TOWN Idaha Fall's OR TOWN SHAME OF (If not in beoglish or Institution, give street address or location) HISTOTOTOR OR SHAME OF (If not in beoglish or Institution, give street address or location) HISTOTOTOR OR SHAME OF (If not in beoglish or Institution, give street address or location) HISTOTOR OR SHAME OF (If not in beoglish or Institution, give street address or location) OR SHAME OF (If not in beoglish or Institution, give street address or location) OR SHAME OF (If not in beoglish or Institution, give street address or location) OR SHAME OF (If not in beoglish or Institution, give street address or location) OR SHAME OF (If not in beoglish or Institution, give street address or location) OR SHAME OF (If not in beoglish or Institution, give street address or location) OR SHAME OF (If not in beoglish or Institution, give street address or location) OR SHAME OF (If not in beoglish or Institution, give street address or location) OR SHAME OF (If not in beoglish or Institution, give street address or location) OR SHAME OF (If not in beoglish or Institution, give street address or location) OR SHAME OF (If not in beoglish or Institution, give street address or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not in beoglish or location) OR SHAME OF (If not	a. COUNTY Bank	rewille		a. STATE I	b. COUNTY	Framont
TOWN I class talls C. FULL MAN C (It als in beophila or institution, styre great address or location) C. FULL MAN C (It als in beophila or institution, styre great address or location) C. FULL MAN C (It als in beophila or institution, styre great address or location) C. FULL MAN C (It als in beophila or institution, styre great address or location) C. FULL MAN C (It als in beophila or institution, styre great address or location) C. FULL MAN C (It als in beophila or institution, styre great address or location) C. FULL MAN C (It als in beophila or institution, styre great address or location) C. FULL MAN C (It als in beophila or institution) C. FULL MAN C (It als in beophila or institution) C. FULL MAN C (It als in beophila or institution) C. FULL MAN C (It als ins		····	wnship)	c. CITY (If outside of	orporate limits, write RURAL and gi	
C. FILL NAME OF (If and in hospital or institution, give strost address or location) HOSPITAL ADDRESS (If rorst, give location) C. STREET ADDRESS (If rorst, give location) (It parts of this birth of the child up to use of this birth of the child up to use of this birth of this child up to use of this birth of this child up to use of this birth of this child up to use of this birth of this child up to use of this birth of this child up to use of this birth of this child up to use of this birth of this child up to use of this birth of this child up to use of this birth of this child up to use of this birth of this child up to use of this birth of this child up to use of this birth o	OR TOWN	I 110		ii OK ⊸	0 11 -	\ . i
ADDRESS Child's Name Court Cour	<u>~~``</u>					1010
3. CHILD'S NAME 4. SEX 5a. THIS BIRTH SINGLE TWIN TRIPLET 55. IFTWIN OR TRIPLET (This child born) 55. IFTWIN OR TRIPLET (This child born) 55. IFTWIN OR TRIPLET 55. IFTWIN OR TRIPLET (This child born) 55. IFTWIN OR TRIPLET 55. IFTWIN OR TRIPLE	HOSPITAL OR ,		et address or location)	ADDRESS	(if rural, give location)	
4. SEX 5a. THIS BIRTH TRIPLET 5b. IF TWIN OR TRIPLET (This shill born) 6. DATE OF (Month) (Day) (Year) 7. FROTHER'S SINGLE TWIN TRIPLET 5b. IF TWIN OR TRIPLET (This shill born) 8. DATE OF (Month) (Day) (Year) 7. FROTHER'S SINGLE TWIN TRIPLET 5b. IF TWIN OR TRIPLET (This shill born) 8. DATE OF (Month) (Day) (Year) 7. FROTHER'S STILLBIRTH 15t 20b 20b 15t 20b 2		1.5. Flospital			<u> </u>	×
4. SEX Sa. THIS BIRTH SINGLE TWIN TRIPLET St. IFTWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year) (Month) (Month		'	0			
4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year) 7. FATHER'S 2. OE 1. OE 1	H Type or Fint)		19a	.ir		
7. FITHER'S AME CALLERS AND BERTHPLACE (Stade or foreign country) 9. AGE (At time of this birth) 10. BIRTHPLACE (Stade or foreign country) 11. MOTHER'S NAME 12. MOTHER'S NAME 14. AGE (At time of this birth) 15. BIRTHPLACE (Stade or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 17. INFORMANT 18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? YesX No	4. SEX 5a. THIS E	BIRTH			hild born) 6. DATE OF (Mo	nth) (Dav) (Year)
7. FIT HER'S NAME COPPT Lugene 10. BIRTHPLACE (Busine or disalgor foreign country) 112. USUAL OCCUPATION 113. USUAL OCCUPATION 114. USUAL OCCUPATION 115. KIND OF BUSINESS OR INDUSTRY Taxmer 12. MOTHER'S MAIDEN NAME 13. COLOR OR RACE Lugene 14. AGE (At time of this birth) 15. BIRTHPLACE (Busine or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 17. INFORMANT 18. LENGTH OF PREG. 18. LENGTH OF PREG. 18. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. X. No. Approximate date Approximate date 1. Approximate date 1. Approximate date 1. Approximate date 1. Approximate of this child of this child who was born dead on the date stated above at the da	() r)	x1		1	STILLBIRTH	
9. AGE (At time of this birth) 2. WEARS 12. MOTHER'S NAME 13. COLOR OR RACE 14. AGE (At time of this birth) 2. WEARS 15. RITHPLACE (State or foreign country) 16. (Middle) 17. INFORMAN 18. LENGTH OF PREC- NANC 18. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? 18. LENGTH OF PREC- NANC 18. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? YesX. No. 18. LENGTH OF PREC- NANC 18. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? YesX. No. 18. LENGTH OF PREC- NANC 19 Was a standard serological test for syphilis performed? YesX. No. 10. MAYERNAL CAUSES 20. MAYERNAL CAUSES 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23. MITHENDANT'S SIGNATURE 24. MITHENDANT'S ADDRESS 25. NAME OF CEMETERY OR CREMATORY 25. BURIAL CREMA- 10. RECS 25. LOCATION (City, town, or county) 26. EUMERAL DIRECTOR ADDRESS						
9. AGE (As time of this birth) 2 by YEARS 2 cycars 3. (First) 3. (First) 4. AGE (As time of this birth) 12. MOTHER'S NAME 14. AGE (As time of this birth) 15. AIRTHPLACE (State of foreign country) 16. (Middle) 2 years 17. INFORMANT 18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes	" NAME Q	a. (FRSt)	\cap	16)	c. (Last)	8. COLOR OR RACE
12. MOTHER'S NAME 14. AGE (at time of this birth) 15. RITHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 17. INFORMANY 18a. LENGTH OF PRES. NAMCY 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. X. No. Approximate date 17. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 18a. LENGTH OF PRES. 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. X. No. 20a. FEIM. CAUSES 21b. MAPERNAL CAUSES 22c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 23c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 24c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 25c. BURIAL, CREMA 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or country) 25d. LOCATION (City, town, or country) 25d. LOCATION, City, town, or country 25d. LOCATION, City, to	17 0 be	41 VVVI V	ne 10 ()	<u> ۲۰</u>		I W
12. MOTHER'S NAME 14. AGE (at time of this birth) 15. RITHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 17. INFORMANY 18a. LENGTH OF PRES. NAMCY 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. X. No. Approximate date 17. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 18a. LENGTH OF PRES. 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. X. No. 20a. FEIM. CAUSES 21b. MAPERNAL CAUSES 22c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 23c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 24c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 25c. BURIAL, CREMA 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or country) 25d. LOCATION (City, town, or country) 25d. LOCATION, City, town, or country 25d. LOCATION, City, to	9. AGE (At time of this birth)	10. BIRTHPLACE (Sta Gor	foreign country)	11a. USUAL OCCUPAT	rion i15 kind o	F BUSINESS OR INDUSTRY
12. MOTHER'S NAME 13. COLOR OR RACE 14. AGE (As time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 27. INFORMANT 17. INFORMANT 18a. LENGTH OF PREG. NANCY 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? YesX No. 18a. LENGTH OF PREG. NANCY 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? YesX No. 28a. BUILDIERTH State only morbid conditions causing fetal death (do NOT) use such terms as Stillibirth, Prematurity, Asphyxia, etc.) 20b. MAPERNAL CAUSES 21c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22c. STATE ALL OPERATIONS FOR DELIVERY 23d. ATTENDANT'S SIGNATURE 25a. BURIAL, CREMA- 11 IN NO. 25a. BURIAL, CREMA- 11 IN NO. 25b. DATE SIGNED 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or country) 25d. LOCATION, City, town, or country 1 Idaho ADDRESS	26 YEARS	C1 (1)	Tolaha	Tarmor	1 (Jun -	tain
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 2. 3 YEARS 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 2. 4 How many children were children were still born all ve but are now living? 2. How many children were still born all ve but are now living? 2. How many children were still born all ve but are now dead? 2. How many children were still born all ve but are now dead? 2. How many children were still born all ve but are now dead? 2. How many children were still born all ve but are now dead? 2. How many children were still born all ve but are now dead? 2. How many children were still born all ve but are now dead? 2. How many children were still born all ve but are now dead? 2. How many children were children were still born all ve but are now dead? 2. How many children were still born all ve but are now dead? 2. How many children were children were still born all ve but are now dead? 2. How many children were children are now label. C. How many children were c			b. (Midd			
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 23 YEARS 17. INFORMANT 18. LENGTH OF PREG- NANCY 18. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes			1	,	Ω Vi. i.u.	1
a. How many children were born alive but are now dead? Solution Solution				Lic cui paru paru		<u> </u>
17. INFORMANT 18a. LENGTH OF PRES- 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? YesX No		15. BIRTHPLACE (State or	loreign country)			·
18a. LENGTH OF PREG- NANCY 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. X. No		<u>Parker</u> , 1d	aho	dren are now living?	born alive but are now dead?	children were stillborn
18a. LENGTH OF PREG. 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. No	17. INFORMANT		AL			(born dead after 20 weeks
18a. LENGTH OF PREG. NANCY AND LESS. J. OZS. Approximate date 1980 Wesks Suesks Less. J. OZS. Approximate date 1980 Promed? Yes. No	Makert	Mount Ali	Men	0	3	1 6
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MAPERNAL CAUSES 20c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23a ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED attended the birth of this child who was born dead on the date stated above at	18a. LENGTH OF PREG- 18b.	WEIGHT AT BIRTH 19.√	brohnets e seV	corological test	or symbilis performed?	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MADERNAL CAUSES 20b. MADERNAL CAUSES 20c. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23b. DATE SIGNED 23c. SIGNATURE 23c. SIGNATURE of Authorized Official 23c. ATTENDANT'S ADDRESS 24c. SIGNATURE OF AUTHORIZED OFFICIAL 25c. BURIAL, CREMA- 25c. BURIAL, CREMA- 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) 25d. Anthony, Idaho 25d. Figureral Director 25d. Anthony, Idaho 25d. SIGNATURE 25d. SIGNATURE 25d. Anthony, Idaho 25d. SIGNATURE 25d. SIGNATURE 25d. SIGNATURE 25d. Anthony, Idaho 25d. SIGNATURE 25d. SIGNATURE 25d. SIGNATURE 25d. SIGNATURE 25d. Anthony, Idaho 25d. SIGNATURE 2		8 LBS 212.075	Approximate da	te / Lecchib	or syphilis performed:	169110
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23b. DATE SIGNED attended the birth of this child who was born dead on the date stated above at	7			- CAOPU	1434	
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MAYERNAL CAUSES 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23b. DATE SIGNED 23b. DATE SIGNED 23c. ATTENDANT'S SIGNATURE 23c. ATTENDANT'S ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) 25d. LOCATION (City, town, or county) 25d. Anthony, Idaho 26c. FUNERAL DIRECTOR 26c. FUNERAL DIRECTOR 26c. FUNERAL DIRECTOR 26c. FUNERAL DIRECTOR 27c. Anthony, Idaho 26c. FUNERAL DIRECTOR 26c. FUNERAL DIRECTOR 26c. FUNERAL DIRECTOR 26c. FUNERAL DIRECTOR 27c. Anthony, Idaho 27c. ATTENDANT'S SIGNATURE 27c. ANTHONY, Idaho 27c. ATTENDANT'S SIGNATURE 27c. ATTENDANT'S ADDRESS 27c. ATTENDANT'S			1800	· ·		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23b. DATE SIGNED 25c. NAME OF CEMETERY OR CREMATORY 25c. NAME OF CEMETERY OR CREMATORY 25c. Puriful Company Comp	causing fetal death (do NOT	-nymin	o cust.	70	raus	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23b. DATE SIGNED 23b. DATE SIGNED 23c. ATTENDANT'S SIGNATURE 23c. ATTENDANT'S ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) 25d. LOCATION (City, town, or county) 25d. Anthony, Idaho 25d. Anthony, Idaho 25d. Anthony, Idaho 25d. Epineral Director	use such terms as Stillbirth,	20b. MATERNAL CAUSES				
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	, , , , , , , , , , , , , , , , , , , ,					
attended the birth of this child who was born dead on the date stated above at	21. STATE ANY COMPLICATION	S OF PREGNANCY AND L	ABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
attended the birth of this child who was born dead on the date stated above at						
attended the birth of this child who was born dead on the date stated above at	I handha gantifu that I	23a ATTENDANT'S	SIGNATURE	(Specify if M. 1) midwife or other)	235 DATE SIGNED
child who was born dead on the date stated above at		()/		200 X :	o., midwie, or other)	7/6/0
at	child who was born dead	Jami.	cary i	W N		1 // 8/33
25a. BURIAL, CREMA- TION REMOVAL (Specify) BUTIAL DATE REC'D BY LOCAL REG	on the date stated above	1101-1-	ESS	If NOT 24. SIGNA	TURE OF AUTHORIZED OFFICI	AL TITLE
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS 26. FUNERAL DIRECTOR ADDRESS	at m.	State Falls,	da.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS 26. FUNERAL DIRECTOR ADDRESS	25a. BURIAL, CREMA- 25b.			OR CREMATORY	25d. LOCATION (City, town, o	r county) (State)
DATE REC'D BY LOCAL RECHSTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS	Burial (Specify)	July 55	Wilford		St Anthony Tr	laha
A. O. REG. C				26 FILMERAL DIRECT		
yely 8-1755 James 1 / Name St. Anthony, Idaho	REG.	7	D· .	The A	Ĭ	
- (/	July 8-1955 Ld	<u> </u>	71-60	1///	Vance St. Anth	iony, Idaho
	' 1		U	_		· •

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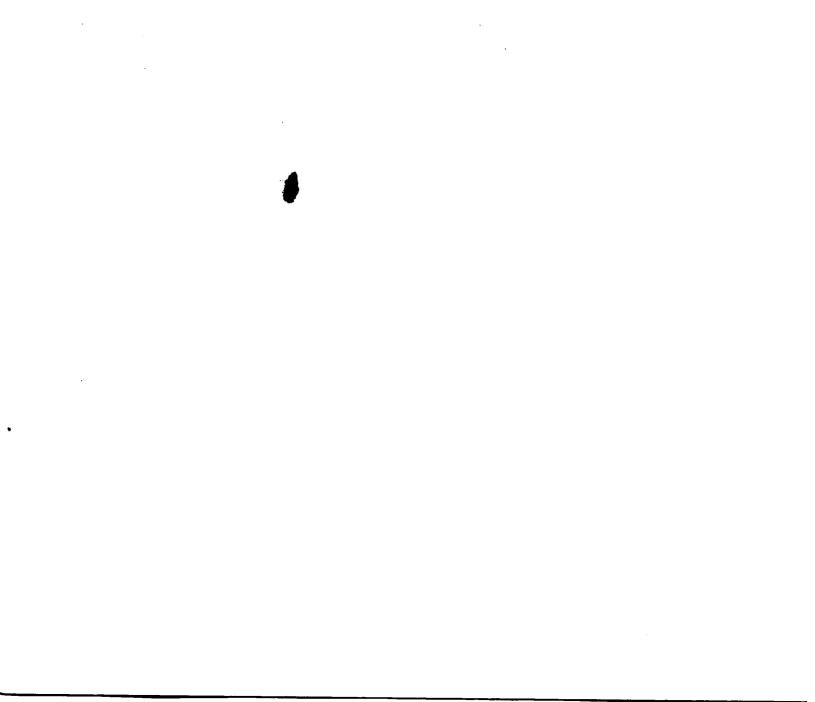
PHS-797(VS) 4-48 FEDERAL SECURITY PUBLIC HEALTH SERVIC	RECE!V agendAUG2219	EERTIFICATE	OF STILLBIF	e) RTH	State File Local Reg	. No7	116
	Division of Vital	Statistics State of	Idaho		Reg. Dist.	No36	<i></i>
1. PLACE OF STILL 8. COUNTY	BIRTH		2. USUAL RESID	ENCE OF MO		e does mother live	a?)
Car	nyon		a. STATE Idah	10	b. COUNTY	Canyo	n
OR	orate limits, write RURAL and	give township)	c. CiTY (If outside on	orporate limita, write	RURAL and give	township)	
	Ldwell		Town Namy			 	
	not in hospital or institution, gi		d. STREET ADDRESS	oute #1	eation)		
3. CHILD'S NAME			<u>"Q</u>	oure #T			
(Type or Print)	RODNEY GA.	LE HUGHES					
4. SEX 5a.	THIS BIRTH	,5b. IF T	WIN OR TRIPLET (This c	hild born) 6. DAT	E OF (Mon	th) (Day)	(Year)
male su	IGLE X TWIN	TRIPLET 1ST	2ND	3RD 5111	E OF (Mon LBIRTH Jun	e 23,	1955
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OF	RACE
	AR'I'HUR	R.	·	HUGHES		Whi	te
9. AGE (At time of this birt	2	tate or foreign country)	11a. USUAL OCCUPAT			BUSINESS OR	
36 YE	a. (First)		Deliver		wes	tview	
MAIDEN NAME	DOLLIE	b. (Midd	(16)	c. (Last)	•	13. COLOR O	
14. AGE (At time of this birt		D •	16. CHILDREN PREVIO		THIS MOTHED /	Whi:	
35 YE	ARS Oklahı		a. How many chil- dren are now living?	b. How many born alive but an		c How man	V OTHER
17. INFORMANT	-1	/	dren are now living?	Dorn alive but ar	e now dead?	children wer (born dead af	e stillborn ter 20 weeks
x auch	us Shru	her	2	0	ı	pregnancy)?	
18a. LENGTH OF PREG- NANCY	18b. WEIGHT AT BURTH	19 Was a standard	serological test f	or syphilis p	erformed?	Yes	No.
J / WEEKS	LBS. OZS.	Approximate da	te				
CAUSE OF STILLBIR		nonstra	- A-				
State only morbid condit causing fetal death (do N use such terms as Stillb	TOT		<u> </u>				
Prematurity, Asphyxia, et	irth, 20b. MATERNAL CA	4					
21. STATE ANY COMPLIC	ATIONS OF PREGNANCY	AND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	VERY		
	none				·		
I hereby certify the attended the birth of		T'S SIGNATURE	Specify if M. I)., midwife, or oth	er)	23b. DATE SI	SNED
child who was born d		ADDRESS	If NOT 24. SIGNAT	TURE OF AUTHOR	IZED OFFICIA	1 27/	TITLE
at m	. Oxe on	111 - 11	attended by physician		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- '	
25a. BURIAL, CREMA- TION REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY		25d. LOCATION	(City, town, or	county)	(State)
Burial	6/25/95	Canyon H	1111	C	aldwel	1, Ida	no
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATUR	1 /1	26. FUNERAL DIRECT		AD	DEESS	
Mg. 13, 1955	the fane	Mack	euro	Jun	ins	m pa,	<u>Idaho</u>
	(//	,	LEWIS EDM	JNDS MUK	TUARY		
V							



PHS-797(VS)	RECEIVE AGENCYUL 20 196	1949 Revision of	Standard Certificate)	State File l Local Reg.		7
PUBLIC HEALTH SERVICE	Division of Vital St			II H		No. 3.63	•
1. PLACE OF STIL a. COUNTY Ca			2. USUAL RESIDE a. STATE Idah		HER (Where	Canyon	
b. CITY (II outside corr OR TOWN Nam	porate limits, write RURAL and giv	e township)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Melba				
HOSPITAL OR	not in hospital or institution, give Mercy Hospital	arroet address or location)	d. STREET ADDRESS	(If rural, give loca	tion)		
3. CHILD'S NAME ((Type or Print)	Infant Girl We	ech					
	THIS BIRTH	TRIPLET 1ST	WIN OR TRIPLET (This of	hild born) 6. DATE STILL	OF (Monti BIRTH Jul	y 1, 1955.	(Year)
7. FATHER'S NAME	a. (First) Carl	b. (Midd Eug	•	c. (Last) Weech		8. COLOR OR R White	
9. AGE (At time of this bit 44 y	rth) 10. BIRTHPLACE (State Hagerman,		Farmer		Farn		
12. MOTHER'S MAIDEN NAME	a. (First) Freda	b. (Midd Eliza	beth	c. (Last) Strawson		White	
	rth) 15. BIRTHPLACE (State England)		a. How many children are now living?	b. How many cl born alive but are	nildren were	c. How many (children were a (born dead after	OTHER
17. INFORMANT	W seur	<u> </u>	0	0		pregnancy)?	
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	¹⁹ Was a standard Approximate da		or syphilis pe	rformed?	Yes. N	o
CAUSE OF STILLBI	litions	Hydroce	ghalno				
causing fetal death (do use such terms as Still Prematurity, Asphyxia,	etc.)	iabetes.					
21. STATE ANY COMPLI	cations of pregnancy an	ID LABOR	22. STATE ALL OPER	ATIONS FOR DELIV	Vona		
I hereby certify to attended the birth of child who was born	this dead	amuel	Specify if M. I	O., midwife, or other	171.井	23b. DATE SIGN	55
on the date stated	above 23c. ATTENDANT'S Am.	Ra- DOALA	attended by O physician		IZED OFFICIAL		TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	25b. DATE	Melba Cemeter		Melba,	Idaho.		(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	Steck	26. FUNERAL DIRECT	3 als	. / (~	^{DRESS} Nampa, I	daho
		- 7	ALSIP FUNI	ERAL CHA	Ker/	(,	



RECEIVED			110
PHS-797(VS) (1949 Revision of A	Standard Certificate	State File	No
4-48			No. 121
PUBLIC HEALTH SERVICED:			No470
PUBLIC HEALTH SERVICE Division of Vital Statistics State of	Idaho	iveg. Dist.	
1. PLACE OF STILLBIRTH	2. USUAL RESIDI	ENCE OF MOTHER (Where	does mother live?)
a. COUNTY Cassia	a. STATE	b. COUNTY	no lake
	CITY (V autoido aos	porate limits, write RURAL and give	township)
b. CITY (If outside corporate limits, write RURAL and give township) OR	OR	2	oon many,
TOWN Builty.	TOWN	agua	•
c. FULL NAME OF (If not in hospital or institution, give street address or location)	d. STREET ADDRESS	(If rued), give location)	
HOSPITAL OR INSTITUTION	l Abbitable		
3. CHILD'S NAME	70		
((Type or Print)	o Ball	(Batu)	
Union State	WIN OR TRIPLET (This of	alld born 6. DATE OF (Mont	h) (Day) (Year)
4. SEX 5a. THIS BIRTH 5b. IF T	WIN OR IRIPLE! (Table	6. DATE OF (Mont	(Day) (10a)
SINGLE TWIN TRIPLET ST		BRD 🔠 Sand	9 10 193 3
7. FATHER'S a. (First) b. (Midd	le)	c. (Last)	8. COLOR OR RACE
NAME 7/2 pil	The state of the s	omas.	while
9. AGE (At time of this birth) 10. BETHPLACE (State or foreign country)	11a. USUAL OCCUPAT	ION 11b. KIND OF	BUSINESS OR INDUSTRY
	1	1	
	Vanne	c. (Last)	13. COLOR OR RACE
MAIDEN	ne)	C. (Basi)	, 1 ×
NAME Jara	lu	no	ware
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER (
3 3 YEARS Stone John	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT			(born dead after 20 weeks pregnancy)?
	6		nosmany
18s. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard			Vas V No
NANCY A		or syphilis performed?	165
70 / LES LES. 022.	<u> </u>	72-33	
CAUSE OF STILLBIRTH 20a. FETAL CAUSES			
State only morbid conditions	/ MAC		
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES			
use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES Action Maternal Causes Action Maternal Causes	minec.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
	· ¬	ione -	
none Maria Continue	(04-44-436.7	O., midwijk () or other)	23b. DATE SIGNED
I hereby certify that I 231. At Elitable	(Pectly II M. 1	20 / K	7-12-5
attended the birth of this child who was born dead		110-	17-72-55
on the date stated above 250 ADDRESS	If NOT 24. SIGNA	TURE OF AUTHORIZED OFFICIA	IL TITLE
at 5:40 pm. Benley lacks	physician		
25a, BURIAL, CREMA- 25b, DATE 25c, NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
TION BEMOVAL (Boothy) 7-11-1955 Park		Deal	2 dalo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26, EUNERAL DIRECT	OR AI	DDRESS
DEC 1		Lh 1	· Par Se
7-12-55 mis Van Server	VI admy	11/1000	Jugan
		x ,x	2hr



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1111 23 19551949 Revision of Standard Certificate) PHS-797(VS) State File No..... 4-48 CERTIFICATE OF STILLBIRTH FEDERAL SECURITY AGENC Local Reg. No.... Division of Vital Statistics State of Idaho PUBLIC HEALTH SERVICE Reg. Dist. No. J. H.C. 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) 1. PLACE OF STILLBIRTH a. COUNTY a. STATE b. COUNTY Idaho Gem b. CITY (If outside corporate limits, write RURAL and give township) c. CiTY (If outside corporate limits, write RURAL and give township) OR TOWN OR C. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) HOSPITAL OR ADDRESS INSTITUTION iary Secor Commaradia 3. CHILD'S NAME (Type or Print) Catherine Irene Michols 5b. IF TWIN OR TRIPLET (This child born) 4. SEX 5a. THIS BIRTH 6. DATE OF STILLBIRTH (Year) (Day) (Month) SINGLE T fe ala TWIN TRIPLET 1ST 2ND 3RD 7. FATHER'S a. (First) b. (Middle) NAME Roser Michol 10. BIRTHPLACE (State or foreign country) 11b. KIND OF BUSINESS OR INDUSTRY 9. AGE (At time of this birth) 11a. USUAL OCCUPATION 20 Cemer, Irinter Kangos newspaper YEARS 12. MOTHER'S a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE MAIDEN NAME Carn**e**n white 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 14. AGE (At time of this birth) a. How many chilb. How many children were c. How many OTHER Emmett ⊥daho **YEARS** dren are now living? born alive but are now dead? children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? 0 18a. LENGTO OF PREG. | 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes....... No... Approximate date WEEKS LBS OZS 20a, FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Premature Separa tion 20b. MATERNAL CAUSES tre eclempsia 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY the eclempsia & premature separation None 23a. ATTENDANT'S SIGNATURE I hereby certify that I (Specify if M. D., midwife, or other) 23b. DATE SIGNED attended the birth of this .mD. 21,1955 child who was born dead 23c. ATTENDANT'S ADDRESS TITLE If NOT on the date stated above 24. SIGNATURE OF AUTHORIZED OFFICIAL attended by physician 25a. BURIAL, CREMA-25c. NAME OF CEMETERY OR CREMATORY (State) 25b. DATE 25d. LOCATION (City, town, or county) 19,1959 Riversi le DATE REC'D BY LOCAL -REGISTRAR'S SIGNATURE 26. FUNERAL DIE REG.

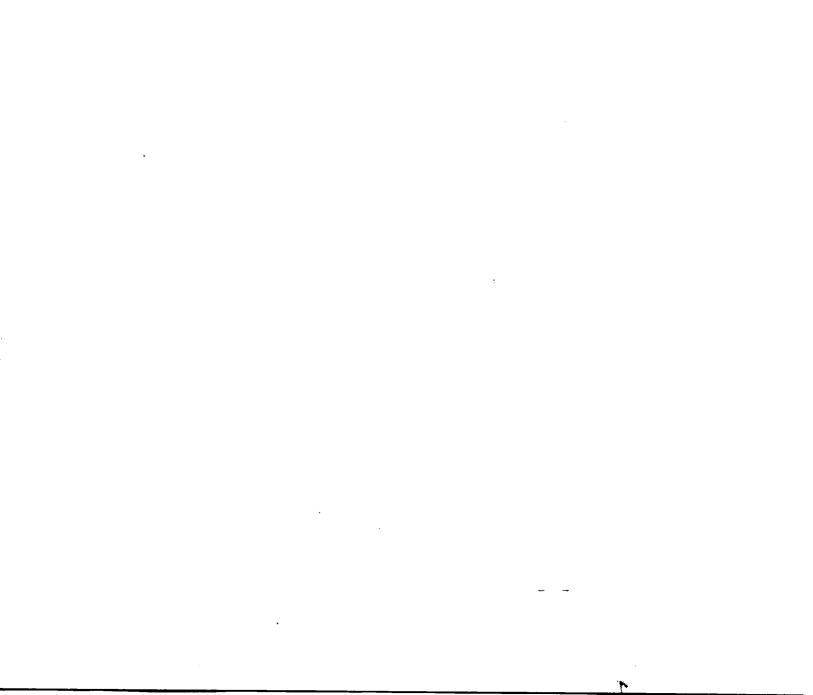
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PHS-797(VS) Dr. FOX A-48 FEDERAL SECURITY AGENCY AUG 5 CERTIFICATE PUBLIC HEALTH SERVICE (Visiting of Visiting of	Standard Certificate	;) T LI	State File	No. 420.
PUBLIC HEALTH SERVICE Division of Vital Statistics State of	Idaho		Reg. Dist.	No/20
1. PLACE OF STILLBIRTH a. COUNTY Kootenai	2. USUAL RESID a. STATE Idal		THER (Where	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d; Alene	c. CITY (If outside so OR TOWN CORN)	r d! Alene		township)
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital d. STREET ADDRESS 1217-N-7th, St.				
3. CHILD'S NAME ((Type or Print) Susan Kay Ferry			**************************************	
4. SEX 5a. THIS BIRTH 5b. IFT Female SINGLE TWIN	WIN OR TRIPLET (This o	3RD STIL		y 23, 1955
7. FATHER'S a. (First) b. (Mide NAME Louis	lle)	c. (Last) Ferry		8. COLOR OR RACE White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) New York	11a. USUAL OCCUPAT	1		BUSINESS OR INDUSTRY
12. MOTHER'S a. (First) b. (Mid- MAIDEN NAME Georgia Eve	_ ′	c. (Last) Lebow		13. COLOR OR RACE White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)				Do NOT include this child)
28 years Arkansas	a. How many children are now living?	b. How many born alive but ar	e now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
17. INFORMANT Levis L. Fins In	2	0		pregnancy)?
18a. LENGTH OF PREGNANCY WEEKS LBS. OZS. Approximate de		for syphilis p	erformed?	Yes No
CAUSE OF STILLBIRTH State only morbid conditions 20a. FETAL CAUSES LUC	tasis	,		
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	un- br	uch	10	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	2. STATE ALL	ATIONS FOR DEL	WERY /	June
I hereby certify that I attended the birth of this child who was born dead	(Specify if M	D., miniwife, or oth		236. DATE STIGNED
on the date stated above at	attended by physician	TURE OF AUTHO		
25a. BURIAL. CREMA- TION, REMOVAL (Specify) Burial 25b. DATE July 25, 1955 Forest	Ceme tery		eur d'	Alene, Idaho
7-28-55 REG. SALVAINE X. Brush	26. FUNERAL DIRECT	1. 1	eur d'	Alene, Idaho

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PHS-797(VS) Wils TT C 1979 Revision of S	Gt 1 1. G t. G A.		121
FEDERAL SECURITY AGENCY AUG 1 CERTIFICATE	Sianuara Cerujicate SE STILLBIE	State File	No
Division of Vital Statistics State of			No. 200
1. PLACE OF STILLBIRTH			
a COUNTY	a STATE	ENCE OF MOTHER (When b. COUNTY	e does mother live?)
Latah b. CITY (If outside corporate limits, write RURAL and give township)	a. Sinte Idah		
_OR	OR	rporate limits, write RURAL and giv	e township)
TOWN OSCOW C. FULL NAME OF (If not in hospital or institution, give street address or location)	d. STREET	OSCOW (If rural, give location)	
HOSPITAL OR INSTITUTION Gritman Hospital	ADDRESS _	217 West First S	+
3. CHILD'S NAME		717 1CB0 111 50 5	0.
((Type or Print) Baby Girl Ingebri	tsan		
	WIN OR TRIPLET (This ci	hild born) 6. DATE OF (Mon	nth) (Day) (Year)
Female single Twin X TRIPLET IST		RD STILLBIRTH Ju	
7. FATHER'S a. (First) b. (Middl NAME	•	c. (Last)	8. COLOR OR RACE
Allen		Ingebritsen	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	1	F BUSINESS OR INDUSTRY
25 years Moscow, Idaho	Student		
2. MOTHER'S a. (First) b. (Middle MAIDEN	le)	c. (Last)	13. COLOR OR RACE
NAME Linda 4. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16 6111 0051 005116	Marsyla	White
OF 14-77 T7-1		b. How many children were	
Zb years MULLAN, Idano 7. INFORMANT	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	children were stillborn (born dead after 20 weeks
Allen Ingebritsen	0	0	pregnancy)?
8a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Targe a standard		or syphilis performed?	Yes. No.
WEEKS 5 LBS. 4 OZS. Approximate dat		54. A 1	1es
CAUSE OF STILLBIRTH 20a. FETAL AUSES	4	-0/////	· 10 - 12
State only morbid conditions auxing fetal death (do NOT, see such terms as Stillbirth. 20b. MATERNAL CAUSES	www	2 200	
ise such terms as Stillbirth, 20b. MATERNAL CAUSES Prematurity, Asphyxia, etc.)	Lead	you all aggs.	
1 / wons.	Mac	eroted)	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	23. STATE ALL OPERA	ATIONS FOR DELIVERY	
rone			
I hereby certify that I 23a. TTENDANT'S SIGNATURE attended the birth of this	(Spearty if M. I	O., midwife, or other)	236. DATE SIGNED
child who was born dead	Will the state of	TURE OF AUTHORIZED OFFICIA	AL TITLE
in the date states desire	If NOT 24. SIGNAT attended by -physician	TURE OF AUTHORIZED OFFICIA	AL ITTLE
5a, BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY		25d. LOCATION (City, town, or	r county) (State)
TION, REMOVAL (Spectry) Rurial 7-18-1955 Moscow Cema		loscow	Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT		DDRESS
8-1-55 REG. Soin & anal	David R	. Tate H	oscow. Idaho
· · · · · · · · · · · · · · · · · · ·			
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PHS-797(VS)	"RECEI	1 DAD Revision of	Standard Certificate)	State File	No	122
FEDERAL SECURITY AG PUBLIC HEALTH SERVICE	ENCY AUGIL	EBSTIFICATE (OF STILLBIF	RTH	Local Reg. Reg. Dist.	No	20
	Division of Vita	Statistics					
1. PLACE OF STILLBI	atah		2. USUAL RESID	ence of Mo aho	THER (Where b. COUNTY	does mother live? Latah)
b. CITY (If outside corporate OR TOWN	_	ive township)	c. CITY (If outside co	rporate limits, write	RURAL and give	township)	
TOWN :	loscow		TOWN M	DSCOW			
C. FULL NAME OF (If not HOSPITAL OR INSTITUTION G	in hospital or institution, giv ritman Hospita	· ·	d. STREET ADDRESS	(II rural, give lo 217 West	First St		
3. CHILD'S NAME ((Type or Print)	Baby Girl	Ingebritsen					
4. SEX 5a. THI	S BIRTH		WIN OR TRIPLET (This c	hild born) 6. DAT	E OF (Mont	h) (Day)	(Year)
Female singli	E TWIN St	TRIPLET 1ST	2ND 3t	3RD 311	Jul	y 16_	1955
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
	Allen			Ingebrit	sen	White	
9. AGE (At time of this birth)	10. BIRTHPLACE (8t	ste or foreign country)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR	INDUSTRY
25 year	s Moscow, I	[daho	Student				
12. MOTHER'S	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OF	RACE
MAIDEN NAME	Linda		}	larsyla		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (8t	ate or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (Do NOT includ	e this child)
25 year	s Mullan,	Idaho	a. How many chil- dren are now living?	b. How many born alive but a	children were re now dead?	c. How many children were (born dead after	OTHER stillborn
17. INFORMANT	T			0		pregnancy)?	0
	Ingebritsen		0				
18a LENGTH OF PREGNANCY WEEKS	6 LBS. 10 OZS.	19 Was a standard Approximate da	serological test i	or syphilis p	erformed?	Yes.	No
CAUSE OF STILLBIRTE State only morbid condition		ely too	dam	1626	y dow	V X	Property
causing fetal death (do NO use such terms as Stillbirth Prematurity, Asphyxia, etc.)	20b. MATERNAL CA	HWY	2/20-6	floc	wZ	1	
21. STATE ANY COMPLICAT	IONS OF REGNANDY A	NO LABOR DE	2. STATE ALL OPER	ATIONS FOR DEL	IVERY		
Turney and	Vac V	T'S SIGNATURE	(Speed to W.)	O., midwife, or ot) Carl	23b. DATE SIG	NFD
I hereby certify that attended the birth of the child who was born dea	is / Anderse	2711	con	W/	$\mathcal{X}\mathcal{Y}$.	7-2	95
on the date stated above at P.Mm.		ADDRESS Par	If NOT 24. SIGNA attended by physician	TURE OF AUTHO	RIZED OFFICIA	L [*]	ŤITLE
25a. BURIAL, CREMA- 21 TION, REMOVAL (Specify)	5b. DATE	25c. NAME OF CEMETERY	Y OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Burial	7-18-1955	Moscow Ceme	etery	Moscov			<u>Idaho</u>
DATE REC'D BY LOCAL R	EGISTRAR'S SIGNATUR		26. FUNERAL DIRECT			DRESS	
5-1-55 REG.	Lais 6	Ungel	David R.	Tate	Mc	oscow, I	daho_

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RECLIVED		
PHS-797(VS) ALIC (1949 Revision of	Standard Certificate)	State File No. 1.2.3
	OF STILLBIRTH	Local Reg. No
PUBLIC HEALTH SERVICE Division of Vital Statistics State of	Idaha	Reg. Dist. No. 450
State of	Iddno	
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MO	
a. COUNTY	a. STATE	b. COUNTY
b. CITY (If outside corporate limits, write BURAL and give township)	c. CITY (If outside corporate limits, write	RURAL and give township)
OR TOWN	OR TOWN	Y .
Ougaet.		<u> </u>
C. FULL NAME OF (If par in hospital or institution, tive street address or location) HOSPITAL OR	d. STREET (II real, give los	mation)
INSTITUTION CLASSIC Standard	6 Work 277	
3. CHILD'S NAME		
(Type or Print) Charles Cocil Jes	my (Baby)	
	WIND R TRIPLET (This child born) 6. DAT	E OF (Month) (Day) (Year) LBIRTH
Male SINGLE X TWIN TRIPLET 1ST	2ND 3RD	June 26 195.3
7. FATHER'S a (First) b. (Mide	lle) c. (Last)	8. COLOR OR RACE
NAME C	Z	I who to
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
	7	-
23 YEARS Olighy Loland	dames	I 13, COLOR OR RACE
12. MOTHER'S MAIDEN B. (Mide	lle) c. (Last)	13. COLORFOR RACE
NAME Jonna lean	Barres	white
14. AGE (At time of this birth) 15. BIRTHPLACE (State of to sign country)	16. CHILDREN PREVIOUSLY BORN TO	THIS MOTHER (Do NOT include this child)
23 YEARS area Idaha	a. How many chil- dren are now living? born alive but a	children were c. How many OTHER re now dead? children were stillborn
17. INFORMANT	dren are now living: Both arive but a	(born dead after 20 weeks
(2) (2)		pregnancy)?
The XXVIII		
	serological test for syphilis p	erformed? Yes No
3 6 WEEKS 7 LBS. 8 OZS. Approximate da	ite.	
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	- 0, 00	ı G
State only morbid conditions	on that could	mar lu
causing fetal death (do NOT use such terms as Stillbirth,		
Prematurity, Asphyxia, etc.)		
THE THE CONTRACTOR OF PRECIONALLY AND LABOR	22. STATE ALL OPERATIONS FOR DEL	IVERY
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	ZE STATE ALL OF CHATCHES TON DE	
See 20a.	1 repair of se	vere lacerellon
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specty if M. D., pridwife, or oth	DET) 23b. DATE SIGNED
attended the birth of this	en mi)	
on the date stated above 23c. ATTENDANT'S ADDRESS	II NOT 24. SIGNATURE OF AUTHO	RIZED OFFICIAL TITLE
(6)	attended by physician	
25a, BURIAL CREMA- 25b, DATE 25c, NAME OF CEMETER	· · · · · · · · · · · · · · · · · · ·	(City, town, or county) (State)
TION REMOVAL (Specify)	DI A	× 21.1
Bured June 27, 1953. (Rupped	Conday On	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE	Wodney & Bord	man tropas
		2 dala

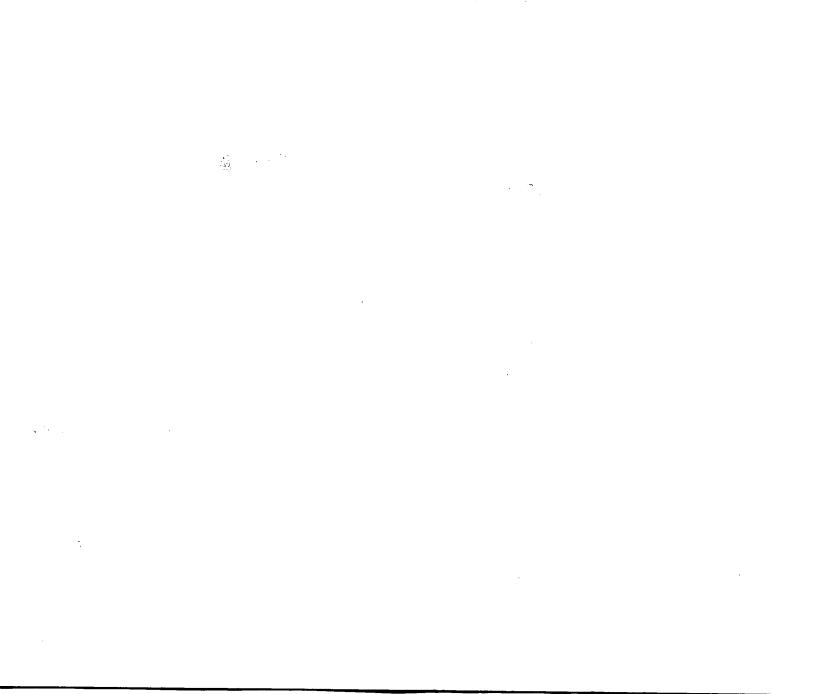
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PHS-797(VS) (1949 Revision of	Standard Contifeet	CAAA TWIA	Na 125			
PHS-797(VS) -4-8 FEDERAL SECURITY AGENCY UL 22 1955RTIFICATE	or ctu i bir) State File TH Local Reg.				
DUDI IC HEALTH SERVICE			No			
Division of Vital Statistics State of	Idaho	Treg. Disc.				
1. PLACE OF STILLBIRTH		ENCE OF MOTHER (Where	does mother live?)			
a. COUNTY Twin +4 115	a. STATE	b. COUNTY	win Fells			
b. CITY (If outside corporate limits, write BURAL and give township)	C. CITY (If outside co	porate limits, write RURAL and give	township)			
TOWN Twin Folls	OR TOWN					
c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location)						
HOSPITAL OR MAGIC Valley memorial Nose	ADDRESS	astle ford				
3. CHILD'S NAME						
((Type or Print) Buby Girl Simp 50	N					
	WIN OR TRIPLET (This c	hild born) 6. DATE OF (Mont	(Day) (Year)			
Female SINGLE TWIN TRIPLET IST	ZND	STILLBIRTH JU	V 18 1955			
7. FATHER'S a. (First) b. (Midd	lle) // /	c. (Last)	8, COLOR OR RACE			
NAME ErNIST WO	odford	Simpson	white			
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	ION 11b. KIND OF	BUSINESS OR INDUSTRY			
26 YEARS Artonsus	Form	1 R				
12. MOTHER'S a. (First) , b. (Midd	lle)	c. (Last)	13. COLOR OR RACE			
MAIDEN NAME //////		WILTERS	wh. Te			
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER (
	- TT		- T AMTAN			
23 YEARS / JOHN POR	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	children were stillborn			
17. INFORMANT	dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
	dren are now living?	b. How many children were born alive but are now dead?	(born dead after 20 weeks			
17. INFORMANT //s /	dren are now living?	born alive but are now dead? or syphilis performed?	(born dead after 20 weeks pregnancy)?			
17. INFORMANT	dren are now living? / serological test i	born alive but are now dead?	(born dead after 20 weeks pregnancy)?			
17. INFORMANT 18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard Approximate da 2 2 WEEKS 18b. WEIGHT AT BIRTH 19 Was a standard Approximate da	dren are now living? / serological test ite	born alive but are now dead?	(born dead after 20 weeks pregnancy)?			
17. INFORMANT 18a. LENGTH OF PREG- NANCY 2 2 WEEKS CAUSE OF STILLBIRTH CAUSE OF STILLBIRTH State only morbid conditions	dren are now living? / serological test ite	born alive but are now dead?	(born dead after 20 weeks pregnancy)?			
17. INFORMANT 18a. LENGTH OF PREGNANCY 2 WEEKS OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, by the state of the still beautiful as a stillbirth, as such terms as Stillbirth, as Stillbirth, as such terms as Stillbirth, as Stillbirth	dren are now living? / serological test ite	born alive but are now dead?	(born dead after 20 weeks pregnancy)?			
17. INFORMANT 18a. LENGTH OF PREGNANCY 2 WEEKS CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 18b. WEIGHT AT BIRTH 19 Was a standard Approximate da Appr	serological test ite	or syphilis performed? Of Places	(born dead after 20 weeks pregnancy)?			
17. INFORMANT 18a. LENGTH OF PREGNANCY 2 WEEKS OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, by the state of the still beautiful as a stillbirth, as such terms as Stillbirth, as Stillbirth, as such terms as Stillbirth, as Stillbirth	serological test ite	born alive but are now dead?	(born dead after 20 weeks pregnancy)?			
17. INFORMANT 18a. LENGTH OF PREGNANCY 2 WEEKS CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 18b. WEIGHT AT BIRTH 19 Was a standard Approximate da Appr	serological test ite	or syphilis performed? Of Places	(born dead after 20 weeks pregnancy)?			
18a. LENGTH OF PREGNANCY 2 WEEKS OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 1 hereby certify that 1 Ba ATTENDANT'S SIGNATURE	serological test ite 22. STATE ALL OPER	for syphilis performed? A Places Actions for Delivery	(born dead after 20 weeks pregnancy)?			
18a. LENGTH OF PREG. NANCY 2 WEEKS LBS. 2 OZS. Approximate da CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyzia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 1 hereby certify that 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	serological test ite 22. STATE ALL OPER (Specify if M.)	or syphilis performed? Of Supplies performed? Of Caces Actions for Delivery On, midwife, or other)	yesNo			
18a. LENGTH OF PREGNANCY 2 WEEKS CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR I hereby certify that I altended the birth of this child who was born dead on the date stated above 23c. ATTENDANT'S ADDRESS	serological test ite 22. STATE ALL OPER (Specify if M.)	or syphilis performed? A Places Actions for Delivery	yesNo			
18a. LENGTH OF PREG. NANCY 2 WEEKS CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:30 m. Twin Falls, Idaho	serological test ite 22. STATE ALL OPER (Specify if M.) (NOT 24. SIGNA attended by physician	or syphilis performed? Of Syphilis performed? Of Access Actions for Delivery Of Midwife, or other) Ture of Authorized Official	Yes			
18a. LENGTH OF PREG. NANCY 2 WEEKS CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:30 m. Twin Falls, Idaho	serological test ite 22. STATE ALL OPER (Specify if M.) (NOT 24. SIGNA attended by physician	or syphilis performed? Of Supplies performed? Of Caces Actions for Delivery On, midwife, or other)	Yes			
18a. LENGTH OF PREG. NANCY 2 WEEKS LBS. 2 OZS. Approximate da OZS. LBS. 2 OZS. Approximate da Approximate da Approximate da Approximate da OZS. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyzia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 1 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 3:30 m. Twin Falls, Idaho	serological test ite 22. STATE ALL OPER (Specify if M.) ANOT 24. SIGNA attended by physician Y OR CREMATORY	or syphilis performed? Of Syphilis performed? Of Carlon For Delivery Of March 1997 Ture of Authorized Official 25d. Location (City, town, or sp. Twin Falls,	Yes			
18a. LENGTH OF PREG. NANCY 2 WEEKS CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyzia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 1 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 3:30 m. Twin Falls, Idaho 25a. BURIAL, CREMA-170. St. NAME OF CEMETER TION, REMOYAL (Specify) Cremation DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	serological test ite 22. STATE ALL OPER (Specify if M.) ANOT 24. SIGNA attended by physician Y OR CREMATORY	or syphilis performed? Consider the sympholis performed t	Yes No			
18a. LENGTH OF PREGNANCY 2 WEEKS CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 1 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 3:30 m. Twin Falls, Idaho 25a. BURIAL CREMA- 10N REMOYAL (Specify) 1 CP To The Prematurity of the control of the	serological test ite 22. STATE ALL OPER (Specify if M.) A NOT attended by physician Y OR CREMATORY (Semorial Hospital Hospital)	or syphilis performed? Consider the sympholis performed t	Yes			
18a. LENGTH OF PREGNANCY 2 WEEKS CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 1 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 3:30 m. 25a. BURIAL CREMA-1710N, REMOYAL (Specify) Cremation 25b. DATE 1 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 3:30 m. 25a. BURIAL CREMA-1710N, REMOYAL (Specify) Cremation 25b. DATE 1 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 3:30 m. 25c. NAME OF CEMETER 1 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 3:30 m. 25c. NAME OF CEMETER 1 hard 2 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 3:30 m. 25c. NAME OF CEMETER 1 hard 2 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 3:30 m. 25c. NAME OF CEMETER 1 hard 2 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 3:30 m. 25c. NAME OF CEMETER 1 hard 2 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 3:30 m. 25c. NAME OF CEMETER 1 hard 2 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 1 hereby certify that 1 attended the birth of this child who was born dead on the date stated above at 1 hereby certify that 1 attended the birth of this control that 1 hereby certify that 1 attended the birth of this control that 1 hereby certify that 1 hereby	serological test ite 22. STATE ALL OPER (Specify if M.) A NOT attended by physician Y OR CREMATORY (Semorial Hospital Hospital)	or syphilis performed? Consider the sympholis performed t	Yes No			

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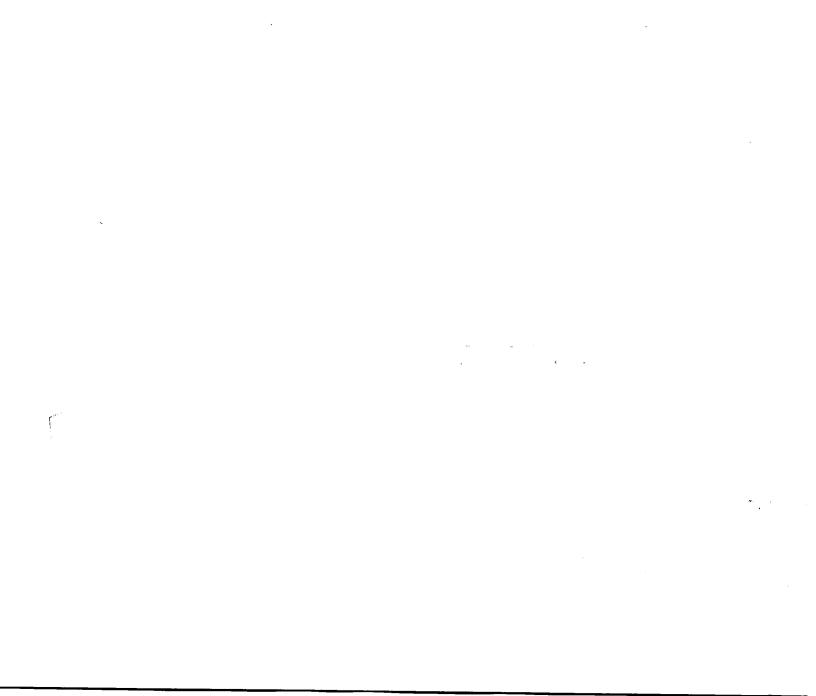
PHS-797(VS) 4-48 Revision of	Standard Certificate	State File	No. 126.		
FEDERAL SECURITY AGENCY AUG 19 CERTIFICATE OF STILLBIRTH			No. 8/2		
Public Health Service Reg. Dist. No. 460.					
1. PLACE OF STILLBIRTH	2. USUAL RESIDI	ENCE OF MOTHER (Where	does mother live?)		
a. COUNTY Twin Folls	a. STATE	40 7	twin Folls		
b. CITY (If outside corporate limits, write RURAL and give township) OR	OR .	porate limits, write RURAL and give	township)		
TOWN TWIN Fa/13	TOWN F	11			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION (1991 UN//0) MININIA HOSPI					
3. CHILD'S NAME (Type or Print) Shaf	5				
4. SEX / 5a. THIS BIRTH .5b. IF T	TWIN OR TRIPLET (This of	oild born) 6. DATE OF (Mon	th) (Day) (Year)		
FIMAL SINGLE TWIN TRIPLET IST	2ND :	ORD STILLBIRTH JU	x 31 1955		
7. FATHER'S a. (First) b. (Midd NAME	dle)	c. (Last)	8. COLOR OR RACE		
Gene K	5 hott		white		
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	ION 11b. KIND OF	BUSINESS OR INDUSTRY		
27 YEARS FILE	Farmer	(X)	13, COLOR OR RACE		
12. MOTHER'S a. (First), b. (Mid-Maiden Helen Jean Engel	die)	c. (Last)	IS. COLOR OR RACE		
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		OUSLY BORN TO THIS MOTHER	:		
22 YEARS Twin Falls	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn		
17. INFORMANT		0	(born dead after 20 weeks pregnancy)?		
Mothers (her I some 11. soroff			0		
18a. LENGTH OF PREGNANCY 3 9 WEEKS 5 LBS. 2 OZS. Approximate de		or syphilis performed?	YesNo		
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	7 0 5	70 Day 86 1	Heart Deary		
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	meeting	tis region (7		
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY			
Breech Greentston	questa	3 9 traps -	after army traf		
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. I)., midwife, or other)	23b. DATE SIGNED		
child who was born dead	II NOT 24. SIGNAT	TURE OF AUTHORIZED OFFICIA	IL TITLE		
The date state wood and the state will be stated as the state of the s	attended by physician	TORE OF AUTHORIZED OFFICE	111 200		
25a, BURIAL, CREMA- 25b, DATE 25c, NAME OF CEMETER	RY OR CREMATORY	25d. LOCATION (City town, or	county) (State)		
TION, REMOVAL (Boodity)	a Varia	. Just to	Mr. Edeho		
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	26. FUNERAL DIRECT	Pro Whit	the Mortuny		
(Jug. 7. 19350 X. enora) () sman	1 and 11	man da	Jin Letts Tide		
II <i>1</i>	V /		— · · · · · · · · · · · · · · · · · · ·		



PHS-797(VS) PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY 1 2 1955 FRT IFICATE	f Standard Certificate)	State File	No. 127
FEDERAL SECURITY AGENCYL 1 3 1955CERTIFICATE	OF STILLBIRT	TH Local Reg	, No4
FEDERAL SECURITY AGENCYL 1 : 195 CERTIFICATE PUBLIC HEALTH SERVICE Division of Vital Statistics State	of Idaho	Reg. Dist.	No320.
I. PLACE OF SAILLBIRTH	2. USUAL RESIDE	NCE OF MOTHER (When	e dose mother live?)
a. COUNTY Washington.	a. STATE	(as b. country)	San Patricion
b. CITY (If outside corporate limits, write EURAL and give township) OR	c. CITY (If outside corp.	orate limits, write RURAL and giv	
TOWN Welser.	Town /a	F+.	
c. FULL NAME OF (If not in hospital or institution, give atreet address or location). HOSPITAL OR INSTITUTION Weis En Memoria Hospital	ADDRESS	(If rural, give location)	elivery.
3. CHILD'S NAME (Type or Print) Infant	uellar.		
4. SEX 5a. THIS BIRTH 5b. IF	TWIN OR TRIPLET (This child	STILLBIRTH /	th) (Day) (Year) 4 /955
7. FATHER'S a. (First) b. (Mi		c. (Last)	8. COLOR OR RACE
NAME TIYSO		Cuellar	Mexican.
9. AGE (At time of this birth) 10. BIRTHPLACE (State or former country)	11a. USUAL OCCUPATIO	ON 11b. KIND O	F BUSINESS OR INDUSTRY
42 YEARS WOOD SON (EXAS	CONCRETE M		truction
12. MOTHER'S a. (First) b. (Mi	ddle)	c. (Last)	13. COLOR OR RACE
NAME GUADALUPE	- 	DAVILA	MexicAN
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		SLY BORN TO THIS MOTHER D. How many children were	c. How many OTHER
JZ YEARS (JOLING PEXAS	dren are now living?	born alive but are now dead?	children were stillborn (born desd after 20 weeks
* Tirso Cuella	7	Ð	pregnancy)?
18a. LENGTH OF PREGNANCY WEEKS 18b. WEIGHT AT BIRTH 19 Was a standar Approximate of	d serological test for late 6-4-	r syphilia performed?	YesX No
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	1		
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSE)		0.00	12-1
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	us sign	naux-	zacenia)
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERAT	TIONS FOR DELIVERY	
I hereby certify that I attended the birth of this	A STORY U.M.D.	mitwife, or other)	23b. DATE SIGNED
child who was born dead on the date stated above at	attended by	IRE OF AUTHORIZED OFFICIA	AL TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Bookly) 5/5/55 HILL CR		5d. LOCATION (City, town, o Meiser	Tdn h 6
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTO	. ه. ا	DDRESS = iS < R Idah
10 / co mane, source	LI VIN. Y	VV	- I - N - ANTI

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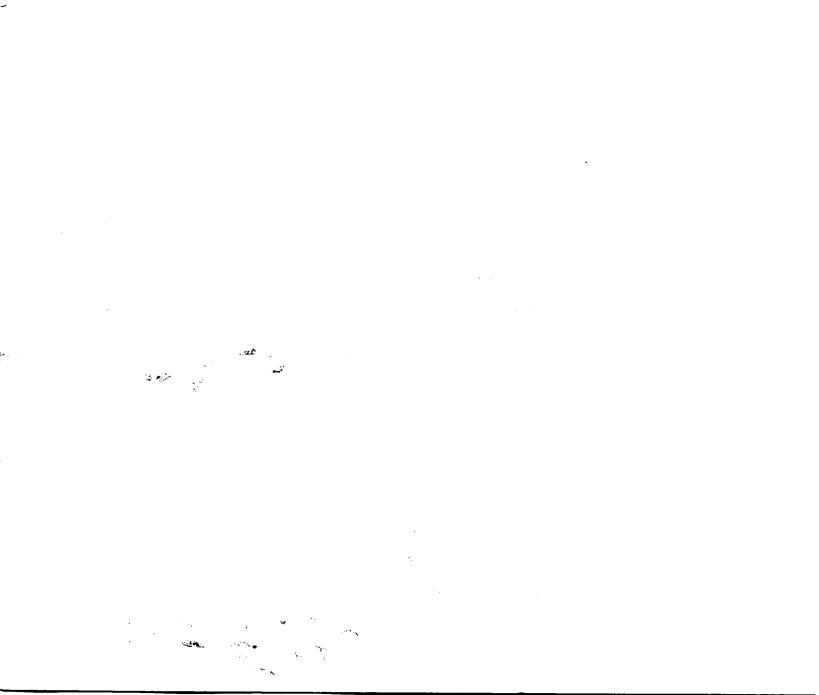
PHS-797(VS) PHS-797(VS) A-48 PECEIVED PHS-797(VS) A-48 PECEIVED (1949 Revision of FEDERAL SECURITY AGENCY 2 3 10 CERTIFICATE PUBLIC HEALTH SERVICE DIVISION of Visit Advance State of	Idaho	RTH	Reg. Dist.	No. 255 No. 370
I PLACE OF STILLBIRTH a. COUNTY Ada	a. STATE Ida		THER (Where b. COUNTY	does mother live?)
b. CITY (II outside corporate limits, write RURAL and give township) OR TOWN Boise	c. CITY (If outside on TOWN Blis		RURAL and give	township)
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Booth Memorial Hospital	d. STREET ADDRESS	(If rural, give lo	eation)	
3. CHILD'S NAME ((Type or Print) BABY BOY INMAN				
Male SINGLE X TWIN TRIPLET 1ST		BRD	EOF (Moni LBIRTH Ju]	Ly 16, 1955
7. FATHER'S a. (First) b. (Midd NAME Unknown		c. (Last)		8. color or race White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) Unknown YEARS Unknown	11a. USUAL OCCUPAT Unkno		11b. KIND OF	BUSINESS OR INDUSTRY Unknown
Unknown years Unknown 12. MOTHER'S a. (First) b. (Midd Maiden		c. (Last)		13. COLOR OR RACE
MAIDEN NAME Marie		Inman		White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO			(Do NOT include this child)
17. INFORMANT P. O. BOX 2007 BOISE	a. How many children are now living? None	b. How many born alive but a Non		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
Laura Wedlund				None
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard Approximate da 18c. WEEKS 4 LBS. (2 OZS. Approximate da 18c. LENGTH OF PREGNANCY 1		or syphilis p	erformed?	Yes No.
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Wilsonom Cause 20b. MATERNAL CAUSES No almound	en Ma conditair ay	yours.	fetur.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None agreent	22. STATE ALL OPER	TIONS FOR DEL	IVERY Canem	delevery.
I hereby certify that I attended the birth of this child who was born dead	7. Charman	, midwife, or oth	ner)).	23b. DATE SIGNED July 22, 1950
on the date stated above 23c. ATTENDANT'S ADDRESS at 60 A. m. Boul, I show	attended by physician	TURE OF AUTHO		
25a. BURIAL. CREMA- TION REMOVAL (Bpoolty) 7/18/55 Z5c. NAME OF CEMETER BURIAL 7/18/55 Morris Hil		25d. LOCATION Bois	e, Idal	ho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT	OR	AC	Boise, Ida
8-23-55 Maple Talmer	Clifle	E Du	HOME	urs



PHS-797(VS) -48	RECEIV	E Revisio	on of St	andard Certific	cate)		ile No	
FEDERAL SECURITY AG PUBLIC HEALTH SERVICE	Division of Vital	ERTIFICA Sta	te of I	r SIILLE daho	IKIH		leg. Nos	
I. PLACE OF STILLB		STATISTICS	2	USUAL RES	IDENCE C	F MOTHER (W	There does mot	ther live?)
a. COUNTY Ada			.	a. STATE aho	١.	b. COUNT		
b. CITY (If outside corporate	e limita, write RURAL and a	ive township)		c. CITY (If outside	le corporate lim	its, write RURAL and		
OR	_			OR	_		• • • • • • • • • • • • • • • • • • • •	•
c. FULL NAME OF (If not		a street address or loca	tion)	d. STREET	oise,	l, give location)		
HOSPITAL OR			102)	ADDRESS			4h C	+
3. CHILD'S NAME	Lukes Hosp	<u>Ji var</u>		4	<u> </u>	North 29	ט זוו	treet.
((Type or Print)	THOMAS.	G. MILL						
4. SEX 5a. THI	S BIRTH	.5	b. IF TW	IN OR TRIPLET (T	his child born)	6. DATE OF (N	Month) ((Day) (Year)
Male singl	E TWIN 🔯	TRIPLET	1ST	2ND	3RD	July	31. 1	955•
7. FATHER'S	a. (First)	b.	(Middle)		с. (Last)	8. COL	OR OR RACE
NAME	William	n	Geo	rge il	۱ ـ		Wh	ite.
9. AGE (At time of this birth)	10. BIRTHPLACE (St	·		Ia. USUAL OCCU		11b. KIND		SS OR INDUSTRY
32 YEAR	s Fairburn	South 1	Dalso	ta. Di:	spatch	er. Garr	ett.	Frt Line
2. MOTHER'S MAIDEN	a. (First)	b.	(Middle)		Last)		LOR OR RACE
NAME	Bettie	J	ane		F.	all.	Wh	ite.
4. AGE (At time of this birth)	15. BIRTHPLACE (St	ate or foreign country)		16. CHILDREN PR	EVIOUSLY BO	RN TO THIS MOTH	ER (Do NO7	l'include this child)
30. YEAR	s Boise, I	daho.		a. How many ch dren are now livin	nil- b. How ng? born ali	many children w we but are now dead	l? childre	w many OTHER in were stillborn
Vulla Jet	ra Mill.	27/1 No 29		2	N	lo n e	pregna	lead after 20 weeks
18a. LENGTH OF PREGNANCY NANCY WEEKS	WEIGHT AT BIRTH 3 LBS. 8 OZS.	¹⁹ Was a stan Approxima	dard s te date	erological tes	t for sypl	nilis performe	d? Yes.	No
CAUSE OF STILLBIRTI	20a. FETAL CAUSES	. 1 / -		10	00	1		
State only morbid condition	ns // 7///	sted h	mel	rlical	Cor	d.		
causing fetal death (do NO use such terms as Stillbirt Prematurity, Asphyxia, etc.)	b, 20b. MATERNAL CA	USES						
						00 0F UEDY		
21. STATE ANY COMPLICAT		IND LABOR	1	22. STATE ALL O	PERALIONS F	OR DELIVERY		
none				/G1010 ⁻	1 Donat	<u> </u>	1 22h D	ATE SIGNED
I hereby certify that attended the birth of the	is May	(A) In	An	Mary (Specify)	M. D., midwi	e, or other)	8-	2-55
child who was born dea on the date stated abou		ADDRESS		If NOT 24. SIG	SNATURE OF	AUTHORIZED OFF	ICIAL	TITLE
at m.	Mess	- Ada		physician				
	Sb. OATE	25c. NAME OF CE	METERY	OR CREMATORY	25d. LO	CATION (City, town	n, or c ounty)	(State)
TION, REMOVAL (Specify)	August. 2	1955.	Mo	rris H il	.ll Cee	ntery. B	oise,	<u>Idaho.</u>
DATE REC'D BY LOCAL R	REGISTRAR'S SIGNATURI			CEREBAL PH	EO OR	44444	ADDRESS	
8-23-55 REG.	mutte.	Talma	1/	Summers	Fune	ral Home	Boi	se. Idah
<u>v - 65 - 1 - 54 - 1</u>	· · · · · ·		-1-7-	7				

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PHS-797(VS) 4-48	R	RE	FIV	(1949 Revi	sion of	Standard Certificate	:)	State File		1.30
FEDERAL SECUR PUBLIC HEALTH SE	ITY AGEN BVICE					OF STILLBIR	RTH	Local Reg	No 277 No 370	**********
		2Fb	1 4 19	5£ s	tate of	Idaho		Reg. Dist.	No.>2ZQ	
1. PLACE OF S	TILL	TI:	,7 **-			2. USUAL RESID	ENCE OF I		does mother live?)
a. COUNTY	Ada	L				a. STATE Ida	ho	b. COUNTY	Ada	
b. CITY (If outside OR	oorporate lis	nite, write	RURAL and	give township)		C. CITY (If outside co	rporate limite, w	rite RURAL and give	township)	
TÖŴN	Boi	80				OR TOWN	Boise			
c. FULL NAME O' HOSPITAL OR	F (If not in l	ospital or	institution, giv	re street address or l	ocation)	d. STREET ADDRESS	(If rural, giv			
INSTITUTION	St. A	llpho	nsus H	ospital		 	4305	Albion		
3. CHILD'S NA										
			ELODY	JEAN		RUATT				(7* · · ·)
4. SEX	5a. THIS I	_			l' –	WIN OR TRIPLET (Table o		DATE OF (Mon STILLBIRTH	, , •,	(Year)
Female	SINGLE		TWIN L.	TRIPLET L	1ST 2		3RD L		ust 28.	1955
7. FATHER'S NAME		a. (Fi	rst)		b. (Midd	це)	c. (Last			
			Gene					<u>ruatt</u>	Whit	
9. AGE (At time of the	nie birth)	10. BIR	THPLACE (S	ate or foreign count	ry)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR	INDUSTRY
22	YEARS			ty, Misso		Route Sale		Purity		
12. MOTHER'S MAIDEN		a. (Fi	rst)		b. (Midd	lle)	c. (Last)	13, COLOR OF	RACE
NAME		Sy	tvia			- <u></u>	Dunn		White	.
14. AGE (At time of the	nis birth)	15. BÍR	THPLACE (8	tate or foreign count	ry)	16. CHILDREN PREVIO				
20	YEARS	Gla	SCOW.	Montana		a. How many chil- dren are now living?	b. How man born alive bu	ny children were it are now dead?	c. How many children were	stillborn
17. INFORMANT	г		, ,	il I		1	0		(born dead after pregnancy)?	ır 20 weeks
Len	·	1	rias	00						
18a. LENGTH OF PR	REG- 186.	WEIGHT	AT BIRTH	19 Was a st	andard	serological test f	or syphilis	performed?	Yes	No
S WEEKS	NCY /	LBS#	OZS.	Approxin	nate da	te				
CAUSE OF STIL	LBIRTH	20a. FE	TAL CAUSES	;						
State only morbid	conditions	Ì	•							
causing fetal death	Stillbirth,	20b. M	ATERNAL CA	USES						
Prematurity, Asphy	ria, etc.)	}								
21. STATE ANY COM	MPLICATION	S OF P	REGNANCY A	AND LABOR	-	22. STATE ALL OPER	ATIONS FOR	DELIVERY		
n	one		زرمر	r .:*		Ears	o Am	y ·		,
I hereby certif	fy that I	23a. A	TENDAL	T'S SIGNAT	URE	(Specify if M.]	D., midwife, or	other)	23b. DATE SIG	NED /
attended the birt	h of this	,) S ₌ <	Ance	المستراني والمستران	·	, /\		1-11	1/5
child who was be	orn deda ed above	230. AT	TEMOANT'S	ADDRESS	7	If NOT 24. SIGNA	TURE OF AUT	HORIZED OFFICIA	L	TITLE
at	m.	1	Y	1.5 =	- Ed. (attended by physician	_		ŕ	
25a. BURIAL, CRE TION, REMOVAL (8po	M A- 25b.	DATE		25c. NAME OF	CEMETER	Y OR CREMATORY	250 LOCATI	ON (Clty, town, or	county)	(State)
		3-31-	6 5	Morris	2411	Cometer	Boi	s Ad	a Idal	ho
Burial DATE REC'D BY LC			S SIGNATUR		11111	26 PONERAL DIRECT			DDRESS	
98	REG.	<u> </u>		Talm		1.000	11/e	Pus-31:	N. Late	ah
1-0-53		ig	etle	_ carr	ريس	RELYE W	ORTHANK		ise. Ida	
		<u> </u>				TODIES IN	OHFORKE	<u>Y 50</u>	Log, Ida	110



S.y.

FEDERAL SECURITY AGENCY CERTIFICATE	Standard Certificate) OF STILLBIRTH Local Reg. No. 17
Division of the State of	i Idaho Reg. Dist. No
a. COUNTY On neville	a. STATE days b. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN A 4 0 9 (/3	c. CiTY (If outside corporate limits, write BURAL and give township) OR TOWN
c. FULL NAME OF (LEAST in hospital or institution, are street address or location) HOSPITAL OR INSTITUTION acred eart	d. STREET (IL turn), (location)
3. CHILD'S NAME (Type or Print) Saba Care	
	TWIN OR TRIPLET (This child born) One of the child born of the ch
7. FATHER'S a. (Eigst) b. (Mid	dle) c. (Last) 8. COLOR OR RACE White
9. AGE (A line of this birth) 10. BIRTHPLACE (State or foreign country) YEARS 7 4212 6 2145 Lale	11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S a. (Last) b. (Mid MAIDEN NAME FOLY)	idle) c. (Last) 13. COLOR OR RACE (au/sen White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
17. INFORMANT Eldie Care 1307 Canyon avr.	a. How many children were dren are now living? b. How many children were children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY 36 WEEKS 18b. WEIGHT AT BIRTH 19 Was a standard Approximate d.	serological test for syphilis performed? Yes No
CAUSE OF STILLBIRTH State only morbid conditions State only morbid conditions	ma .
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	ne infection
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Removalure rupture of membran	22. STATE ALL OPERATIONS FOR DELIVERY
I hereby certify that I attended the birth of this child who was born dead	(Specify if N.D., ynidwife, or other) (Specify if N.D., ynidwife, or other) (Specify if N.D., ynidwife, or other)
on the date stated above 23c. ATTENDANT'S ADDRESS ALL Falls	
25a, BURIAL, CREMA- TION, REMOVAL (8poolfy) Aug 191915 & CWISUL	He Cemalery, Leuisville Idaha
bug. 30-1955 Que a Budgis	26. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
0 0	

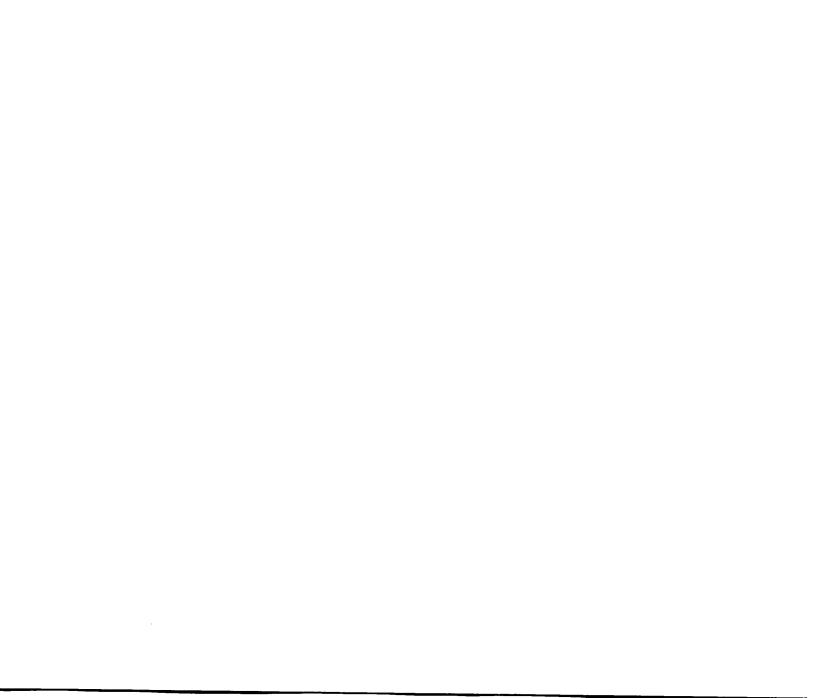
PHS-797(VS) RECALLANGER PUBLIC HEALTH SECURITY AGENT DIVISION	9 355	(1949 Revision of CERTIFICATE State of	Idaho	RTH Lo	ate File No cal Reg. N g. Dist. No	0.176
1. PLACE OF STILLBIR	HAI Statistica neville		a. STATE		OUNTY (_)	onneville
	40 + alls	5	c. CITY (If outside of OR TOWN	orograte limite, write RURA	L and give tow	nahip)
		ve street address or location)	d. STREET ADDRESS	(If rural, give location)		į.
3. CHILD'S NAME ((Type or Print)	Bab	y La	m9/04	/		
4. SEX 5a. THIS E		TRIPLET 1ST	WIN OR TRIPLET (This	ehild born) 6. DATE OF STILLBIR	TH (Month)	(Day) (Year) 2/- /953
7. FATHER'S NAME	eci/	b. (Midd	lle)	Langle	4 8.	COLOR OR RACE
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (8	Falls . Leal.	11a. USUAL OCCUPA	TION 14.5 11b.	KIND OF BU	SINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	geraldi			Mc Chair	13.	color or race
14. AGE (At time of this birth) YEARS 17. INFORMANT 19.004	5. BIRTHPLACE (S	Falls Il daho	a. How many children are now living?	OUSLY BORN TO THIS M b. How many childred born alive but are now	en were c.	NOT include this child) How many OTHER Ildren were stillborn orn dead after 20 weeks gnancy)?
3 6 WEEKS	WEIGHT AT BIRTH LBS. OZS. 20a. FETAL CAUSES	¹⁹ Was a standard Approximate da	serological test : te	for syphilis perfor	med? Ye	s No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA		Comme			·
21. STATE ANY COMPLICATION	S OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above	23a. ATTENDAN 23c. ATTENDANT'S	T'S SIGNATURE	If NOT 24 SIGNA	D., midwife, or other) TURE OF AUTHORIZED		S 3 5
at	pate Mg 2055	25c. NAME OF CEMETERY	attended by physician OR CREMATORY Profler Profler OF CREMATORY	25d. LOCATION (City,	town, or cour	ty) (State)
Bate REC'D BY LOCAL REGI	STRAR'S SIGNATURI	Dudges.	26. FUNERAL DIRECT	helious	ADDRE	dano fall

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		_		

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

PUBLIC HEALTH SEN	WICE		State of	i Idaho	Re	g. Dist. No	o1 <i>Q</i>) <u></u>
1. PLACE OF ST a. COUNTY	ILLBIR OUNDA				ENCE OF MOTH		es mother live?	
a. 000/111 B		1111		·				1 L L
b. CiTY (If outside	corporate lin	nite, write RURAL and g	ive township)	C. CITY (If outside of	orporate limits, write RUR	AL and give to	wnahip)	
TOWN B	ONNE	RS FERRY		TOWN C	OPELAND			
c. FULL NAME OF	(If not in h	ospital or institution, giv	e street address or location)	d. STREET	(If rural, give location)		
HOSPITAL OR INSTITUTION	COM	MUNITY HOS	SPITAL	ADDRESS 3 ½	Miles Nort	th of	Copela	and
3. CHILD'S NAM						. 12.22.2		
((Type or Print)	R.	ARBARA AN	N CHISHOLM					
4. SEX	رط 5a. THIS E			TWIN OR TRIPLET (This o	child born) 6. DATE OF	(Month)	(Day)	(Year)
Female	SINGLE	TWIN 🗆	TRIPLET ST	ZND	3RD STILLBIF	8	5	1955
7 FATHER'S	SINGLE	a. (First)	b. (Mide		c. (Last)		COLOR OR	
NAME	,	•	•	•	CHISHOL	1	Whit	
0.000		CONRAD I 10. birthplace (8t)	ALEXA	NDER			USINESS OR	
9. AGE (At time of this			me or toreign country)	FARMER	1			ואוכטטותו
29	YEARS	IDVHO				<u>FARM</u>	LING 3. COLOR OR	DACE
12. MOTHER'S MAIDEN		a. (First)	b. (Mid	are)	c. (Last)	1.		
NAME		ERTRUDE	ANN	1	NELSON_	HATHER (T	Whit	
14. AGE (At time of this	a birth)	15. BIRTHPLACE (8t	ate or foreign country)		OUSLY BORN TO THIS		. How many	
28	YEARS	NORTH	DAKOTA	a. How many chil- dren are now living?	b. How many child born alive but are no	w dead?	hildren were	stillborn
17 INFORMANT	10	0/1	/			p	born dead afte regnancy)?	
Course	(1/-)	Kexh	alm	None	<u>None</u>		Non	<u>e</u>
18a. LENGTH OF PRE		WEIGHT AT BIRTH	19 Was a standard	serological test	for syphilis perfo	rmed? Y	es. //	No
32 WEEKS	قہ ا "	LBS. OZS.	Approximate da	ate				
CAUSE OF STILL	BIRTH	20a. FETAL CAUSES						
State only morbid o	onditions	·						
causing fetal death (use such terms as	tillbirth,	20b. MATERNAL CA	USES	celanyesi	n at 7-		K	-
Prematurity, Asphyx	ib, etc.)		- 200-2	7				
21. STATE ANY COM	PLICATION	NS OF PREGNANCY A	ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVER	X men	Turns	, Lacem
				The Te	La France	teres	, een	w.
I hereby certify	that I	23a. ATTENDAN	T'S SIGNATURE	(Specify if M.	D., midwife, or other)		3b. DATE SIG	NED
attended the birth	of this	11	1	.	٠ کی په]	8/8/	'5 -5-
child who was bot	rn dead dahone	2300 ATTENDANT'S	ADDRESS	If NOT 24. SIGNA	TURE OF AUTHORIZE	D OFFICIAL		TITLE
		Bungal	Ser Sell	attended by physician				
25a. BURIAL, CREM	m.	DATE	25c. NAME OF CEMETER	<u> </u>	25d. LOCATION (Cit	y, town, or co	unty)	(State)
TION, REMOVAL (Bpec	díy)				Boundary			daho
Burial	ou l pro	8-0-55 HSTRAR'S SIGNATURI	Grand	26. EUNEBAL DIRECT		ADDI		<u>uaii0</u>
DATE BEC'D BY LOC	EG. REG	AD MAK S SIGNA URI	- 101.	TO SUNE OF THE PARTY OF THE PAR	1/1000	Bonr		erry,
8/8/17	1,,	-wi-8	me	6/1/11	nunc	10011	TO I O	<u> </u>
					//	•		



PHS-797(VS) (1949 Revision of Standar	d Certificate) State File No. 134.
FEDERAL SECURITY AGENCY 1 1905 CERTIFICATE OF S	
State of Idaho	Reg. Dist. No
Division of Vital Statistics	JAL RESIDENCE OF MOTHER (Where does mother live?)
a, COUNTY /2 / a. ST.	ATE // b COUNTY -
b. CITY (If outside corporate limits, write RURAL and give-township) C. Cit	Y (If outside corporate limits, write RURAL and give township)
OR TOWN D	
c, FULL NAME OF (If not in hospital or institution, give street address or location) d. ST	REET (If rural, give location)
HOSPITAL OR COMMUNITY HOSPITAL ADI	DRESS
3. CHILD'S NAME	0 7
(Type or Print)	Portrey
4/34X 5a. THIS BIRTH 5b. IF TWIN OR T	RIPLET (This child born) 6. DATE OF (Month) (Day) (Year) STILLBIRTH
SINGLE TWIN TRIPLET IST 2	ND 3RD 1 14405 9, 1955
7. FATHER'S a. (First) b. (Middle)	c. (Last) 8. COLOR OR RACE
LIVAE Wayne	PORTVEY WhITE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or fopsign country) 11a. US	UAL OCCUPATION 116 KIND OF BUSINESS OR INDUSTRY
YO YEARS MOTTI// Nebrason Log	iger Logging
12. MOTHER'S a. (First) b. (Middle)	c. (Last) 13. COLOR OR RACE
NAME BEVILLE INC	Por rev While
2 1 AT 1 - 1 - HOW	LDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) many chil- b. How many children were c. How many OTHER
TEARS A PACIFIC dren are	e now living? born alive but are now dead? children were stillborn (born dead after 20 weeks
17. INFORMANT	5 none pregnancy)? Mone
18a. LEAGTH OF PREG- 18b. WEIGHT AT BIRTY 19 Was a standard service	
NANCY /L	gical test for syphilis performed? Yes No
20 FETAL CAUSES	
CAUSE OF STILLBIRTH State only morbid conditions	
causing fetal death (do NOT use such terms as Stillbirth, 20b/MATERNAL GAUSES	(namotus)
Prematurity, Asphyxia, etc.) Central Tac	enter pera Ishow
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR (22. STA	TE ALL OPERATIONS FOR DELIVERY
Central Hocenta Vierra - Semontrado	Mone
I hereby certify with I	(Specify if M. D., midwife, or other) 23b. DATE SIGNED
attended the birth of this child who was born dead	Kel /h.D 10-11-43
on the date stated above C. ATTENDANT ADDRESS attended	by
at 1 m. Donner Orry to physicis	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETERY OR CR	
burial 1/9/00 Grandrien	Boun daty Cour Joh C
DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE	HEROSINE HOLDER
0-10-10 /C-171180 MW	er growing
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PHS-797(VS)	RECEIV				125
4-48	6110 20	(1949 Revision of	Standard Certificate	e) State File	No. 100
	TY AGENOVU 4 3	CERTIFICATE	OF STILL BIE	RTH Local Re	<i>()</i>
FEDERAL SECURIT PUBLIC HEALTH SER	VICE.			Reg. Dist	
	1011101010	Tallsties State o	of Idaho	reg. Dist	. 1 10
1. PLACE OF ST	~		2. USUAL RESH	ENCE OF MOTHER (Whe	e does mother live?)
a. COUNTY	ANYON		a. STATE_ (b. COUNTY	2 m m V /
b CITY (It outside a	corporate limits, write RURAL		CITY	West 0	CANTON
OR /	orporate finite, write KCKAL	ind give township)	IL OR Z	prporate limits, write RURAL and giv	e township)
TOWN C	7/dWE//		TOWN	Ui/dere	
c. FULL NAME OF HOSPITAL OR	(If not in hospital or institution	, give and at address or location)	d. STREET	Il rural, give location)	
INSTITUTION	(W/dus//	// /sun 2'1	ADDRESS	KEN# :	2 /
3. CHILD'S NAM	E 0	1 / CONVENTY		J' P' 0	
((Type or Print)	- /Y-	1.,		///. / /	
	<u> </u>	09 27,	R/	- linton	
4. SEX 5	a. THIS BIRTH	5b. IF	TWIN OR TRIPLET (This o	shild born) 6. DATE OF (Mor	ith) (Day) (Year)
SEMA/S	SINGLE X TWIN	TRIPLET 1ST	2ND	3RD STILLBIRTH	- + 7 1G
A. FATHER'S	a. (First)	b. (Mid		c. (Last)	S COLOR OF PACE
NAME	<i>7-2</i> .	سر الم	, , /	o. (Last)	8. COLOR OR RACE
	DON.		ON (linton	White
9. AGE (At time of this	birth) 10. BIRTHPLACE	(State or foreign country)	11a. USUAL OCCUPAT	ION 11b. KIND O	BUSINESS OR INDUSTRY
20	YEARS HEBRO	N Missour	1 /aha	050. 10	emide
12. MOTHER'S	a. (First)	b (Mid		c. (Last)	13 60100 00 014
MAIDEN NAME		20	_	e. (Last)	13. COLOR OR RACE
	J)EIIA	- OBE	PAINE	100/X	white
14. AGE (At time of this	birth) 15. BIRTHPLACE	(State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
18	YEARS Vanna	4-Missouki	a. How many chil-	b. How many children were	c. How many OTHER
17. INFORMANT		7	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks
9	p 1	1-11-0	A		pregnancy)?
reon	union	- TATHER	0	0	0
18a. LENGTH OF PREC	G- 18b. WEIGHT AT BIRTI	^d 19 Was a standard	serological test f	or syphilis performed?	Yes No
NANC			ato		
36 WEEKS			ate.		
36 WEEKS	LBS. OZ	S. Approximate da	x (c.		
OAUSE OF STILLE	LBS. OZ BIRTH 20a. FETAL CAUS	S. Approximate da	100		
OAUSE OF STILLE	LBS. OZ BIRTH 20a. FETAL CAUS	S. Approximate da	110		
WEEKS CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St	LBS. OZ BIRTH dittions O NOT LIBBLE 20a. FETAL CAUS	S. Approximate da			
OAUSE OF STILLE	LBS. OZ BIRTH dittions O NOT LIBBLE 20a. FETAL CAUS	S. Approximate da		mth	
WEEKS CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St	LBS. OZ SIRTH additions o NOT ilibilith, c, etc.) LBS. OZ 20a. FETAL CAUS 20b. MATERNAL	S. Approximate da	utal y	ATIONS FOR DELIVERY	
WEEKS CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxia	LBS. OZ SIRTH additions o NOT ilibilith, c, etc.) LBS. OZ 20a. FETAL CAUS 20b. MATERNAL	S. Approximate da	utal yra	ATIONS FOR DELIVERY	
WEEKS CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxia 21. STATE ANY COMPI	LBS. OZ BIRTH dditions of NOT lilibirth, etc.) LICATIONS OF PREGNANCY ALICATIONS OF PREGNANCY	CAUSES CAUSES A PORTONIMATE da SES	22. STATE MY OPERA	removal sh	leunta
WEEKS CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxia 21. STATE ANY COMPI	LBS. OZ BIRTH dditions of NOT lilibirth, etc.) LICATIONS OF PREGNANCY ALICATIONS OF PREGNANCY	S. Approximate da	22. STATE MY OPERA	ATIONS FOR DELIVERY ALL MANUAL AND	aunta 23b. DATE SIGNED
WEEKS CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxla 21. STATE ANY COMPI I hereby certify attended the birth	LIBS. OZ BIRTH additions o NOT illibirth, o, etc.) LICATIONS OF PREGNANCY Add I 23a. ATTENDO this	CAUSES CAUSES A PORTONIMATE da SES	22. STATE MY OPERA	removal sh	assista 23b. DATE SIGNED Um 9
WEEKS CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxia 21. STATE ANY COMPI	LBS. OZ BIRTH dditions of NOT dillbirth, etc.) LICATIONS OF PREGNANCY ALICATIONS OF PREGNANCY	CAUSES CAUSES Y AND LABOR ANT'S SIGNATURE	22. STATE ALL OPERA (Specify If M. E	, midwife, or other)	aug 9
CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxia 21. STATE ANY COMPI I hereby certify attended the birth child who was born	LIBS. OZ BIRTH additions o NOT illibirth, o, etc.) LICATIONS OF PREGNANCY Additions of this adeab above 23c. ATTENDANT	CAUSES CAUSES Y AND LABOR ANT'S SIGNATURE	22. STATE ALL OPERA (Specify if M. E If NOT 24. SIGNAT attended by	removal sh	aug 9
WEEKS CAUSE OF STILLE State only morbid corcausing fetal death (duse such terms as St Prematurity, Asphyxia 21. STATE ANY COMPL I hereby certify attended the birth child who was borron the date stated at	LIBS. OZ BIRTH doltions of NOT lilibirth, etc.) LICATIONS OF PREGNANCY At the dead above 23c. ATTENDANT 22 2 5 5	CAUSES CAUSES Y AND LABOR ANT'S SIGNATURE "S ADDRESS"	22. STATE ALL OPERA (Specify if M. I) If NOT 24. SIGNAT physician	O., midwife, or other) FURE OF AUTHORIZED OFFICIA	May 9 TITLE
CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St. Prematurity, Asphyxia 21. STATE ANY COMPI I hereby certify attended the birth child who was born on the date stated at TION, REMOVAL (Specific	LIBS. OZ BIRTH doltions of NOT lilibirth, etc.) LICATIONS OF PREGNANCY At the dead above 23c. ATTENDANT 22 2 5 5	CAUSES CAUSES Y AND LABOR ANT'S SIGNATURE	22. STATE ALL OPERA (Specify if M. I) If NOT 24. SIGNAT physician	, midwife, or other)	May 9 TITLE
CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St. Prematurity, Asphyxia 21. STATE ANY COMPI I hereby certify attended the birth of child who was borr on the date stated at 25a. BURIAL, CREMA TION, REMOVAL (Specific Burial	LIBS. OZ BIRTH additions o NOT illibirth, o, etc.) LICATIONS OF PREGNANCY Adda above above 23c. ATTENDANT m. 25b. DATE Aug. 9, 1955	CAUSES CAUSES Y AND LABOR ANT'S SIGNATURE "S ADDRESS 25c. NAME OF CEMETER	22. STATE ALL OPERA (Specify if M. I) If NOT 24. SIGNAT physician	TURE OF AUTHORIZED OFFICIAL 25d. LOCATION (City, town, or	County) (State)
WEEKS CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxia 21. STATE ANY COMPI A hereby certify attended the birth child who was born on the date stated at 25a. BURIAL. CREMA TION, REMOVAL (Specify Burial DATE REC'D BY LOCA	LIBS. OZ BIRTH doltions of NOT lilbirth, etc.) LICATIONS OF PREGNANCY At the dead above 23c. ATTENDANT M. 222 J. LICATIONS OF PREGNANCY Aug. 9 1955 L REGISTRAR'S SIGNATE	CAUSES CAUSES Y AND LABOR ANT'S SIGNATURE "S ADDRESS 25c. NAME OF CEMETER Parma	22. STATE ALL OPERA (Specify if M. I) If NOT 24. SIGNAT physician	TURE OF AUTHORIZED OFFICIAL 25d. LOCATION (City, town, or Pagma, Ida)	County) (State)
CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St. Prematurity, Asphyxia 21. STATE ANY COMPI I hereby certify attended the birth of child who was borr on the date stated at 25a. BURIAL, CREMA TION, REMOVAL (Specific Burial	LIBS. OZ BIRTH doltions of NOT lilbirth, etc.) LICATIONS OF PREGNANCY At the dead above 23c. ATTENDANT M. 222 J. LICATIONS OF PREGNANCY Aug. 9 1955 L REGISTRAR'S SIGNATE	CAUSES CAUSES Y AND LABOR ANT'S SIGNATURE "S ADDRESS 25c. NAME OF CEMETER Parma	22. STATE MY OPERA (Specify if M. I) If NOT attended by physician Y OR CREMATORY	TURE OF AUTHORIZED OFFICIAL 25d. LOCATION (City, town, or	County) (State)
WEEKS CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxia 21. STATE ANY COMPI A hereby certify attended the birth child who was born on the date stated at 25a. BURIAL. CREMA TION, REMOVAL (Specify Burial DATE REC'D BY LOCA	LIBS. OZ BIRTH doltions of NOT lilbirth, etc.) LICATIONS OF PREGNANCY At the dead above 23c. ATTENDANT M. 222 J. LICATIONS OF PREGNANCY Aug. 9 1955 L REGISTRAR'S SIGNATE	CAUSES CAUSES Y AND LABOR ANT'S SIGNATURE "S ADDRESS 25c. NAME OF CEMETER Parma	22. STATE MY OPERA (Specify if M. I) If NOT attended by physician Y OR CREMATORY	TURE OF AUTHORIZED OFFICIAL 25d. LOCATION (City, town, or Pagma, Ida) Peckham-Dakaff	oounty) (State)
WEEKS CAUSE OF STILLE State only morbid cor causing fetal death (d use such terms as St Prematurity, Asphyxia 21. STATE ANY COMPI A hereby certify attended the birth child who was born on the date stated at 25a. BURIAL. CREMA TION, REMOVAL (Specify Burial DATE REC'D BY LOCA	LIBS. OZ BIRTH doltions of NOT lilbirth, etc.) LICATIONS OF PREGNANCY At the dead above 23c. ATTENDANT M. 222 J. LICATIONS OF PREGNANCY Aug. 9 1955 L REGISTRAR'S SIGNATE	CAUSES CAUSES Y AND LABOR ANT'S SIGNATURE "S ADDRESS 25c. NAME OF CEMETER Parma	22. STATE MY OPERA (Specify if M. I) If NOT attended by physician Y OR CREMATORY	25d. LOCATION (City, town, or Pagma, Ida	County) (State)

PHS-797(VS) ECLIVED 4-48 FEDERAL SESEPT 1-9-19-55 PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Division of Vital Statistics	State of	ldaho	reg. Dist	, A1U
1. PLACE OF STILLBIRTH a. COUNTY Caribou		2. USUAL RESID	ENCE OF MOTHER (When the country because of t	Caribou
b. City (If outside corporate limits, write RURAL OR Soda Springs	and give township)		orporate limits, write RURAL and gi	ve township)
c. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION Caribou Count;		d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NAME	<u></u>			
	Infant Hirsbr unr	ie t r		
4. SEX 5a. THIS BIRTH	5b. IF T	WIN OR TRIPLET (This o		nth) (Day) (Year)
Male single X TWIN	TRIPLET 1ST		3RD U	1y 21, 1955
7. FATHER'S a. (First) NAME	b. (Midd	•	c. (Last)	8. COLOR OR RACE
Walter	Hern	nan	Hirsbrunner	
9. AGE (At time of this birth) 10. BIRTHPLAC	E (State or foreign country)	11a. USUAL OCCUPAT	FION 116. KIND C	of Business or Industry
36 YEARS Win	slow, Illinois	Butterma	ker	
12. MOTHER'S a. (First) MAIDEN	b. (Midd	lle)	c. (Last)	13. COLOR OR RACE
NAME Lucil	le Hele	en	Reese	White
	E (State or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER	(Do NOT include this child)
33 _{YEARS} Wayan,	Idaho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	John Marine	3	0	(born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREG- 18b. WEIGHT AT BIR NANCY 36 WEEKS LBS. O	TH 19 Was a standard Approximate da	serological test i	for syphilis performed? 21, 1955	Yes XX No
CAUSE OF STILLBIRTH 20a. FETAL CA		·		
State only morbid conditions	Lukuuun			
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNA				
Prematurity, Asphyxia, etc.)	lone			
21. STATE ANY COMPLICATIONS OF PREGNAN		22. STATE ALL OPER	ATIONS FOR DELIVERY	
None			None	
	DANT'S SIGNATURE	(Specify if M.)	D, midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	will I Alex	un Ma	<u> </u>	24 Clug 1953
on the date stated above 23c. ATTENDAN	IT'S ADDRESS	If NOT 24. SIGNA attended by physician	TURE OF AUTHORIZED OFFIC	IAL / TITLE
25a, BURIAL, CREMA- 25b, DATE	25c. NAME OF CEMETER		25d. LOCATION (City, town,	or county) (State)
25a. BURIAL, CREMA- TION, REMOVAL (Specify)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7-23-55 REG. REGISTRAR'S SIGNA	10 11-1	26. FUNERAL DIRECT	ror	ADDRESS

e.			

PHS-797(VS) 4-48 Revision of	Standard Certificat	e) State Fil	e No. 137
PUBLIC HEALTH SERVICE O LOS INCATE	OL SHIFFRI	KIH rocarke	- 7/1
Division of Vital Statistics State of	f Idaho	Reg. Dist	. No410
1. PLACE OF STILLBIRTH	2. USUAL RESID	DENCE OF MOTHER (Who	re does mother live?)
a. COUNTY Cassia	a. STATE	daho b. COUNTY	Cassia
b. CITY (If outside corporate limits, write RURAL and give township)	c. CITY (If outside o	orporate limits, write RURAL and giv	re township)
TOWN Burley	TOWN I	Burley	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR	d. STREET ADDRESS	(If rural, give location)	
INSTITUTION Cottage Hospital	ADDRESS	1234 Occidenta	l Ave.
3. CHILD'S NAME			
((Type or Print) Anthony Bradish			
4. SEX 5a. THIS BIRTH 5b. IF	TWIN OR TRIPLET (This	child born) 6. DATE OF (Mor	nth) (Day) (Year)
Male single X TWIN TRIPLET 1ST		3RD STILLBIRTH AU	g. 18, 1955
7. FATHER'S a. (First) b. (Mid	dle)	c. (Last)	8. COLOR OR RACE
Joseph Joh	nn	Bradish	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPA	TION 11b. KIND O	F BUSINESS OR INDUSTRY
YEARS Streator, Illinois			
12. MOTHER'S a. (First) b. (Mid MAIDEN	dle)	c. (Last)	13. COLOR OR RACE
NAME Jean		Denman	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO THIS MOTHER	(Do NOT include this child)
35 years Boise Idaho	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT /234 Occidente/ Ave	Λ -	!	(born dead after 20 weeks pregnancy) None
Jupl & Bradial Buolog / Lako	<u> </u>	None	None
186. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard	serological test	for syphilis performed?	Yes No
WEEKS LBS. OZS. Approximate da	ite mu	7 1956	
CAUSE OF STILLBIRTH 20a. FETAL CAUSES		٠,	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	mut	child	
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		•	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	100 07177 111 077		···
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
The second of the ATTENDANT'S CICALOTHER			1
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M.]	D., midwife, or other)	23b. DATE SIGNED
child who was born dead on the date stated above 23c. ATTENDANT'S ADDRESS	II NOT 24. SIGNA	MO,	Ung 22-143
	attended by	TURE OF AUTHORIZED OFFICIA	AL O TITLE
atm. 25a, BURIAL, CREMA- 25b, DATE 25c, NAME OF CEMETER	physician	25d LOCATION (City town or	(Otata)
Barral 9-22-55 Pleasnt	View-	25d. LOCATION (City, town, or Bulley)	edaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. EUNERAL DIRECT	OR DO LO DO	DDRESS
8-31-55 Tris Van Teuren	Kern B.4	Villech BU	rley, Idaho
_	•	,	

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FEDERAL SECURIT AGE	SEP 6 10 CERTIF	Revision of	Standard Certificate OF STILLBIF	;) ?TH	State File Local Reg.		
PUBLIC HEALTH SERVICE DIV	ision of Vital Statistics	State of				No. 540	
1. PLACE OF STILLBIR a. COUNTY Fran	тн		2. USUAL RESID			does mother live?) Franklin	=
b. CITY (If outside corporate ii	mits, write RURAL and give township)		c. CiTY (If outside co	rporate limits, write	RURAL and give	township)	_
TOWN Pre	ston		TOWN Da	yton		·	
HOSPITAL OR INSTITUTION Fran	hospital or institution, give street address klin County Hospi		d. STREET ADDRESS	(If rural, give loc Dayton	Idaho.		_
3. CHILD'S NAME ((Type or Print)	BABY BOY MOSER						=
4. SEX 5a. THIS I		5b. IF T	WIN OR TRIPLET (This c		I RIPTU '	h) (Day) (Year) ust 25,1955.)
7. FATHER'S NAME	a. (First)	b. (Midd		c. (Last)	nug	8. COLOR OR RACE	=
	Jack	Henry	Mo	ser		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign of	ountry)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR INDUSTR	EY
22 YEARS	Preston, Idaho.		Farmer		Father	's Farm	
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR OR RACE	=
	thea	Cox		Moser		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign of	country)				Do NOT include this chil	ld)
22 YEARS	Downey, Idaho.		a. How many chil- dren are now living?	b. How many c born alive but are	hildren were now dead?	c. How many OTHE? children were stillbor (born dead after 20 week	m
	sox +, Co	T	1	non e		pregnancy)?	
18a. LENGTH OF PREGNANCY WEEKS	WEIGHT AT BIRTH 19. Was a LBS. OZS. Appro	standard ximate dat	serological test f	or syphilis pe	rformed?	Yes No	
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	ger	ital	Defo	zw.	eties	_
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	0					-
21. STATE ANY COMPLICATION	S OF PREGNANCY AND LABOR		22. STATE ALL OPERA	TIONS FOR DELI	/ERY		
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDANT'S SIGN.	ATURE /	(Specify if M. D	o., midwife, or other	"	23b. DATE SIGNED	-
on the date stated above at	25c. ATTENDANT'S ADDRESS		If NOT 24. SIGNAT attended by physician	URE OF AUTHOR	ZED OFFICIAL	TITLE	_
TION REMOVAL (Breatly)		of cemetery ayton	OR CREMATORY	25d. LOCATION (Dayto	· · · · · · · · · · · · · · · · · · ·	• • • • •	=
	STRAR'S SIGNATURE]	26. FUNERAL DIRECTO	DR -	/ ADI	DRESS	_
8 26 35 / 8	from Bran	يبعيدا	Webb Mort	uary	Prestor	Idaho.	_
	/			~ /- /- <		~	_

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PHS-797(VS) REC VE 1049 Revision of	Standard Certificate)	State File No. 120
FEDERAL SECURITY AGENCY	OF STILLBIRTH	Local Reg. No. 650
PUBLIC HEALTH SERVICE AUG 29 1305 State of	Idaho	Reg. Dist. No. 244
1. PLACE OF STILL PIRMON OF STATE STATES	2. USUAL RESIDENCE OF MOT	HER (Where does mother live?)
a. COUNTY daho		county Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	C. CITY (If outside corporate limits, write RI OR TOWN	JRAL and give township)
- IVWMIGN	Rumian	<u> </u>
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION of home - Glenwood dist	d. STREET (If rural, give locati ADDRESS CUVA - G	lenwood
3. CHILD'S NAME		
(Type or Print) Kolelean Ameli		
	WIN OR TRIPLET (This child born) 6. DATE	OF (Month) (Day) (Year)
7. FATHER'S 9. (First) TRIPLET 1ST 1. S. (First) b. (Midd	J 2ND L STO L I Augu	13t 20 1955
NAME D		8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	Smith	White
21 YEARS KOOSKIQ	11a. USUAL OCCUPATION 11 Mill work	b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S a. (First) b. (Midd		1 13. COLOR OR RACE
MAIDEN Darlene duanit		white
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THI	S MOTHER (Do NOT include this child)
20 YEARS Wood River, Illinois	a. How many children are now living? born alive but are r	ldren were c. How many OTHER children were stillborn
17. INFORMANT	den are now inving. Doin aire but are i	(born dead after 20 weeks prognancy)?
Jarrel Jean I mith	0 0	<u>o</u>
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard	serological test for syphilis per	formed? Yes No
4 2 WEEKS LBS. 5 OZS. Approximate da	te.	
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	± \	. 7
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	ue to present or o	and smell cond
Prematurity, Asphyxia, etc.)		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVE	. DV
Frank Brush + Del by Potalic Over	None.	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	Kale Do.	am 22 1955
on the date stated above at m	If NOT 24. SIGNATURE OF AUTHORIZ attended by physician	ED OFFICIAL () TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specity) 25b. DATE 25c. NAME OF CEMETER'		ity, town, or county) (State)
Burial Aug. 20 1955 Pine Grou		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
1/20/20 Marso / Russy	Clause Im	ory Korokie Ha.
		\wedge
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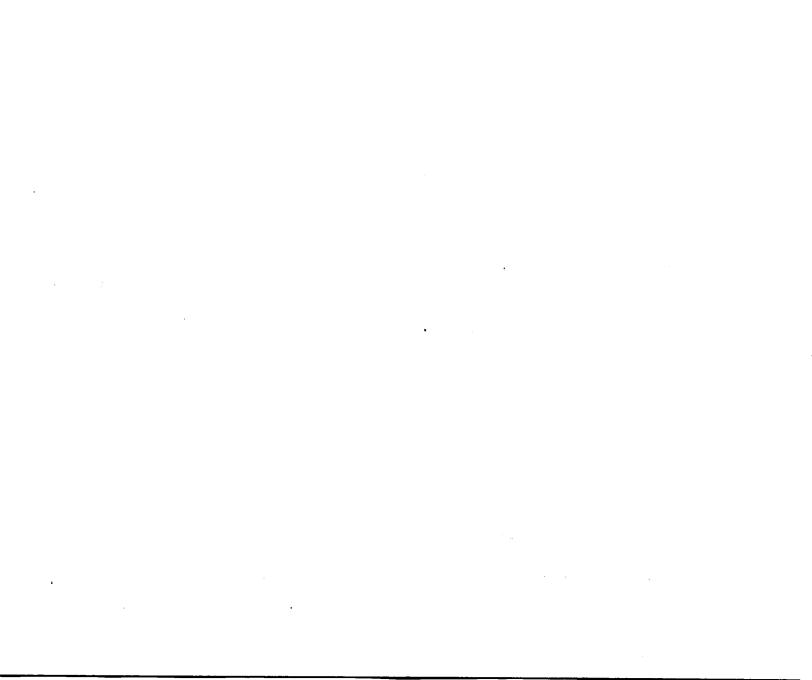
PHS-797(VS)	IN.		É	1949	Revision of	Standard Certific	ate)		State	File	No	140
FEDERAL SECUR	RITY AGE	nekig]	> 1950	SERTIF	FICATE	OF STILLB	IRTH			_	. No	2
	*	ision of }	hal Su	distica	State o	i Idaho			Reg.	Dist.	No	40
1. PLACE OF S						2. USUAL RES	DENCE	OF MC	THER	(Where	does mother li	ve?)
a. COUNTY	Jeffe	erson				a. STATE Ida			b. COU	B 2 TT 1/	onnev	
b. CITY (If outside corporate limits, write RURAL and give township)												
	gbv					OK	ural			Fal	_	
c. FULL NAME O	F (If not in	hospital or inst	titution, give	e street addres	se or location)	d. STREET	(If rur	al, give lo				
HOSPITAL OR INSTITUTION	Rigby	<u>Mate</u>	rnit	y Hos	pital	ADDRESS	Rte.	#3		3 }	Mi. S	. E.
3. CHILD'S NA	ME	* =						<u></u>		1_2	<u> </u>	<u> </u>
[(Type or Print	:)		Baby	r V	VALTER:	S						
4. SEX	5a. THIS	BIRTH			5b. IF 7	WIN OR TRIPLET (Th	is child born)	6. DAT	TE OF	(Mont	th) (Day)	(Year)
Female	SINGLE		/IN 🔲	TRIPLET	157	2ND	3RD	STI	LLBIRTH	Au	~	1955
7. FATHER'S NAME		a. (First)			b. (Mide	lle)	c.	(Last)			8. COLOR C	R RACE
		Delt			Daun	e	<u>Walte</u>	rs			White)
9. AGE (At time of the	his birth)	10. BIRTH	PLACE (Sta	te or foreign	country)	11a. USUAL OCCUP	PATION		11b. KI	ND OF	BUSINESS O	R INDUSTRY
27	YEARS	Black		. Ida	iho.	Laborer			F	arm	ing	
12. MOTHER'S MAIDEN		a. (First)			b. (Mide	ile)	c.	(Last)		-	13. COLOR	OR RACE
NAME		Aoro			Jane	W	ilson				Whi	te
14. AGE (At time of the	his birth)	i .		te or foreign		16. CHILDREN PRE					Do NOT incl	ude this child)
18	YEARS	Hame	er, I	daho		a. How many chi dren are now living	l- b. How ? born ali	many ve but a	children re now de	were	c. How man	ny OTHER ere stillborn
17. INFORMANT	719	k a	ul.	o OT.	_	None		1			pregnancy)?	
18a. LENGTH OF PR	REG- 18b.	WEIGHT AT	BIRTH	19 33700 0	show do not					!	None	_
BFO WEEKS	NCY	LBS.	ozs.	Appro	ximate da	serological test te	ior syp	nius p	errorm	ea?	Yes	No
CAUSE OF STIL	LBIRTH	20a. FETAL	CAUSES									
State only morbid causing fetal death	conditions		<u> ア</u>	one								
causing fetal death use such terms as Prematurity, Asphys	Stillbirth,	20b. MATE	RNAL CAL			4 -						,
		Ilso	ans	ress	e as	seat c	prei	eus	e o	~	Cord	•
21. STATE ANY CON	APLICATION	NS OF PREG	NANCY AN	ND LABOR	hie.		RATIONS F	OR DEL	IVERY			
Kraus	ver	e pos	llion	cun	m psec	Vode		Ver	Lion	v		
I hereby certif		23a. A7 TI	NDAN	T'S BIGN	ATURE	(Specify if M	. D., midwi	le, or oth	er)	i	23b. DATE S	IGNED
attended the birtle		\underline{u}	rall	1144	M.10	·					8 lug	. 22.
on the date state		23c. ATTEN	IDANT'S A	DDRESS		If NOT 24. SIGN	IATURE OF	AUTHO	RIZED OF	FICIAL	. /	TITLE
at												
25a. BURIAL, CREM TION, REMOVAL (8pe		DATE	1			OR CREMATORY		CATION	(City, to	wn, or	county)	(State)
Burial	<u> </u>		55 lI	ittle	e Butt	e Cemeter		nis	Jef			daho.
DATE REC'D BY LO	CAL REGI	ISTRAR'S SI	GNATURE)	11	26. EUNERAL DIREC	TOB /		11	AD	DRESS	J _ 1
8/8/55	- 17	Tus a	BC	aker	ull.	1June U.	Ecke	nel	<u> </u>	ule	gby, I	daho.
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PHS-797(VS) 4-48 ALIC 9 0 1055		Standard Certificate	s) State Fi	141
	_ :	OF STILLBIF	TH Local Re	eg. No. 307
PUBLIC HEALTH SERVICION OF Vital State	stica State of	Idaho	Reg. Dis	t. No. 440
I. PLACE OF STILLBIRTH	Side Diane			
a. COUNTY	ĺ	a STATE	ENCE OF MOTHER (WE b. COUNTY	
Jerome		Ida	ino	Jerome
b. CITY (If outside corporate limits, write RURAL and give	e township)	ı UK	rporate limits, write RURAL and s	ive township)
TOWN Jerome			ome	
c. FULL NAME OF (If not in hospital or institution, give a HOSPITAL OR		d. STREET ADDRESS	(If rural, give location)	
INSTITUTION St. Benedict's	Hospital	149	East B	_
3. CHILD'S NAME ((Type or Print))				
Valrie	Joyce		Craig	
4. SEX 5a. THIS BIRTH		WIN OR TRIPLET (This c	hild born) 6. DATE OF (Mc	onth) (Day) (Year)
Female single x twin	TRIPLET 1ST	2ND 🗌	STILLBIRTH A	ug 22, 1955
7. FATHER'S a. (First) NAME	b. (Midd		c. (Last)	8. COLOR OR RACE
LeRow			raig	Wh.
9. AGE (At time of this birth) 10. BIRTHPLACE (State	or foreign country)	11a. USUAL OCCUPAT		OF BUSINESS OR INDUSTRY
21 YEARS Shoshone.				Insurance
12. MOTHER'S a. (First)	b. (Midd		c. (Last)	13. COLOR OR RACE
MAIDEN JOYCE	Yvonn	•	ki v er	Wh.
14. AGE (At time of this birth) 15. BIRTHPLACE (State				
70 17 7	daho	a. How many chil-	b. How many children wer	
17. INFORMACT (1)	dano	dren are now living?	born alive but are now dead?	children were stillborn
JOROY (VZ)9	_	_	(born dead after 20 weeks pregnancy)?
$\frac{\partial \mathcal{L}}{\partial \mathcal{L}}$	السرا	0	0	1 0
NANCY	Was a standard	serological test f	or syphilis performed:	Yes.X. No
32 WEEKS 3 LBS. OZS.	Approximate dat	e Au	gust 1955	
CAUSE OF STILLBIRTH 20a. FETAL CAUSES				
State only morbid conditions causing fetal death (do NOT				
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSI	ES			
		amnios & p	reeclamsia	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND	LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	
	S SIGNATURE	(Specify if M. D	., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	Mras		M. D.	8-23-55
on the date stated above 23. ATTENDANT'S ADI		If NOT 24. SIGNAT	URE OF AUTHORIZED OFFICE	IAL TITLE
at 3i/5 k. m. Vor		attended by physician		
25a. BURIAL, CREMA- 25b. DAYE TION, REMOVAL (Specify)	c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town,	or county) (State)
Burial Aug. 25, 1955	Jerom	e Cem.	_	_
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	301011	26. AUNERAL DIRECTS	Jerome, Ida	aho Doress
Aug. 23. 1955 Lester 7	and and	7111		1
nus.c).1759 sister M	Mare USD (Seleca (fo	my ,	June 1
		*	\	

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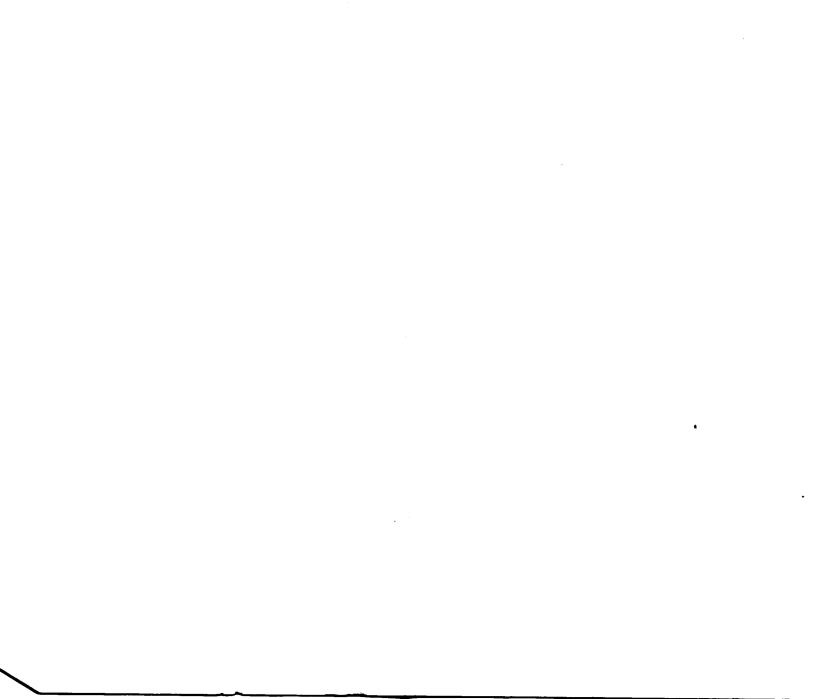
PHS-797(VS)		· · · · · · · · · · · · · · · · · · ·	Standard Certificate	•	State File	No	142
FEDERAL SECURITY PUBLIC HEALTH SERVICE	名21955 CE		OF STILLBIF		Local Reg.		7
	of Vital Statis of	State of	Idaho		Reg. Dist.	No20	0
1. PLACE OF STILLBIRT			2. USUAL RESID	ENCE OF MOT	HER (Where	does mother live?)
a. COUNTY	atah		a. STATE Wor	hington	. COUNTY	Whitman	
b. CiTY (If outside corporate lim	its, write RURAL and give t	ownship)	c. CiTY (If outside ex		URAL and give		
TOWN MOSC	N O		OR TOWN 1	niontown			
c. FULL NAME OF (If not in he HOSPITAL OR		et address or location)	d. STREET	(If rural, give loca	tion)		
INSTITUTION	Gritman Hosp	ital	ADDRESS				
3. CHILD'S NAME							
(Type or Print)	Baby Girl	Scharbach					
4. SEX 5a. THIS BI			WIN OR TRIPLET (This c	hild born) 6. DATE	OF (Mont	th) (Day)	(Year)
Female single k	TWIN 🗆 7	RIPLET 1ST] 2ND []	3RD STILL	BIRTH Ang	28	1955
7. FATHER'S	a. (First)	b. (Midd		c. (Last)	Aug	8. COLOR OR	
NAME م	ster			Sahamba -1		130	
	10. BIRTHPLACE (State of	r foreign country)	11a. USUAL OCCUPAT	Scharback		White BUSINESS OR	INDUSTRY
38 YEARS	Devon. Mont		Farmer				
12. MOTHER'S	a. (First)	b. (Midd		c. (Last)		13. COLOR OR	RACE
MAIDEN NAME	Gertrude	Ann		Weber		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State o	r foreign country)	16. CHILDREN PREVIO		IS MOTHER (this child)
35 YEARS		Wash.	a. How many chil- dren are now living?	b. How many ch born alive but are		c. How many	OTHER
17. INFORMANT		, , , , , , , , , , , , , , , , , , , ,	dren are now hymer	DOLU STIAN DIT SLE	now dead	children were (born dead afte	r 20 weeks
Lester Schar	bach)	1		pregnancy)?	
18a. LENGTH OF PREG- 18b. \		Was a standard	serological test f	or synhilis ne	rformed?	Yes	No
3 WEEKS 7	LBS. OZS.	Approximate da		or sypinis pe	. LOLLINCA	103	. 10
CAUSE OF STILLBIRTH	20a. FETAL CAUSES		·				
State only morbid conditions	• •	Lone					
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES	1200	0		1. 2-0	,	
Prematurity, Asphyxia, etc.)		KK hey	sher	mpala	belity	,	
21. SPATE ANY COMPLICATIONS	OF PREGNANCE AND	LABOR	22. STATE ALL OPERA	ATIONS FOR DELIV	ERY		
Kh heg.	tigh lig	Kley					
I hereby certify that I attended the birth of this	234. ATTENDANT	SIGNATURE _	(Specify if M. I)., midwife, or other) [23b. DATE SIG	NED
attended the birth of this child who was born dead	Jak	do Z. A	legione	_ M.	\mathcal{D} .	グース	- 27_
	23c. ATTENDANT'S ADD	RESS /	ILNOT 24. SIGNAT	TURE OF AUTHORI	ZED OFFICIAL	L	TITLE
at 10:50 p.m.	maco	refer	attended by physician				
25a. BURIAL, CREMA- 25b.				25d. LOCATION (C	lity, town, or	county)	(State)
	DATE 25c	. NAME OF CEMETER	OR CREMATORY	200. LOCATION (C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Duado)
TION, REMOVAL (Specify) Burial 9-	I				•		
Burial 9-	I	. NAME OF CEMETERY Iniontown Co		Unionto	m		Wash.
Burial 9-	1-1955		meterv	Uniontow	m	DRESS	Wash.



RECE!VED	**.	143
PHS-797(VS) A-48 A11C 1 7 405 (1949 Revision of	Standard Certificate) State 1	File No
FEDERAL SECURITY AGENCY AUG 17 CENTIFICATE	OF STILLBIRTH Local I	Reg. No. 170
Division of Vital Statistics State of	Idaho Reg. D	ist. No. 2 2 0
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER (A hare does mother (im.)
a. COUNTY Nez Perce	a. STATE Idaho b. COUNT	Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR	C. CITY (If outside corporate limits, write RURAL and	
TÖWN Lewiston	TOWN Lewiston	
c. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Joseph Hospital	d. STREET (If rural, give location) ADDRESS 1513 G Street	
3. CHILD'S NAME		
(Type or Print) ROBERT JAMES	COLLINS	
	2000 00 7000	Month) (Day) (Year)
Male SINGLE X TWIN TRIPLET IST	¬ ¬ STILLBIRTH .	ugust 1, 1955
7. FATHER'S a. (First) b. (Midd	lie) c. (Last)	8. COLOR OR RACE
George E.	Collins	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b. KIND	OF BUSINESS OR INDUSTRY
28 YEARS Mt. Idaho, Idaho	Truck Driver	Lumbering
12. MOTHER'S a. (First) b. (Midd	lle) c. (Last)	13. COLOR OR RACE
NAME La Dona	Mc Nichols	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTH	ER (Do NOT include this child)
20 YEARS Lewiston, Idaho	a. How many children we dren are now living? born alive but are now dead	ere c. How many OTHER
17. INFORMANT		(born dead after 20 weeks
Ta Hanna Calling		pregnancy)? O
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard	serological test for syphilis performed	? Ye No No
WEEKS LBS. OZS Approximate da	te /	. 10
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	Un Bussin /	10
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	or sproure,	
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	le unknow	n/
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY	
None	xlone	
I hereby certify that I 259 ATTENDANT'S SIGNATURE	(Specity if M. D., midwife, or other)	23b. DATE SIGNED
attended the birth of this	n Mt was sont	OB TOT
on the date stated above 23c. ATTENNANT'S ADDRESS	NOT 24. SIGNATURE OF AUTHORIZED OFFI	CIAL TITLE
11 m. 527 Burrell - TM	Mended by physician	
5a. BURIAL, CREMA- 25b. DATE . 25c. NAME OF CEMETERY		, or county) (State)
Burial 8/3/55 Normal Hill	Lewiston,	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOB TOWER - Wann Co.	
8-10-55 / any Richards	By - WE (Rla)	Idaho

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PHS-797(VS) 4-48	17	にした	4 A F	1949	Revision of	Standard Certific	ate)		State File	No.	144
FEDERAL SECURI PUBLIC HEALTH SEE	IYAGE	AUG1	1 135	GERTIF	ICATE	OF STILLB	IRTH		Local Reg.		200
		isica of V	ital St	atistica	State of				Reg. Dist.		<u> </u>
I. PLACE OF STILLBIRTH a. COUNTY						2. USUAL RESIDENCE OF MOTHER (Where does mother live!) a. STATE b. COUNTY					7)
Nez Perce						a. STATE, washington Asotin					
b. CITY (If outside corporate Hunita, write RURAL and give township) OR TOWN Lewiston						C. CITY (If outside corporate limits, write RURAL and give township)					
c. FULL NAME OF						TOWN	Clark			 	
HOSPITAL OR INSTITUTION	St			spital	e or location)	d. STREET (If rural, give location) 1161 Libby					
3. CHILD'S NAM ((Type or Print)			BAE	BY BELI	OT						
	5a. THIS				5b. IF T	WIN OR TRIPLET (Th	is child born	6. DAT	E OF (Mont	h) (Day)	(Year)
MALE	SINGLE		IIN 🗌	TRIPLET	1ST [2ND	3RD	5111	Augu	st 4, 19	55
7. FATHER'S NAME		a. (First)			b. (Midd	lle)	c.	(Last)		8. COLOR OR	RACE
		HONA				,	BEL]	TOI		White	
9. AGE (At time of thi	GE (At time of this birth) 10. BIRTHPLACE (State or foreign country 22 YFARS North Dakota		country)	11a. USUAL OCCUPATIO		· · · · · · · · · · · · · · · · · · ·		F BUSINESS OR INDUSTRY			
	YEARS		Dako	ta -		repair			0111	ce equip	
12. MOTHER'S MAIDEN NAME		a. (First)	T T A		b. (Midd	, . , , , , , , , , , , , , , , , , , ,				13. COLOR OR	RACE
	- bi-sb)	STE				I se cui porn por		LAND		White	
14. AGE (At time of this birth) 22 VEADS 15. BIRTHPLACE (State or foreign country) North Dakota						16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER a. How many chil- b. How many children wen					
YEARS NOT UT DAROUS						dren are now living	chil- ing? b. How many children we born alive but are now dead?			children were stillborn (born dead after 20 weeks	
						þ		0		pregnancy)?	0
18a. LENGTH OF PRE NAN 3 8 WEEKS	G- 18b. CY	WEIGHT AT	BIRTH OZS.	¹⁹ .Was a Appro	standard ximate da	serological test te	for sy	philis p	erformed?	YesX	No
CAUSE OF STILL	BIRTH	20a. FETAL	CAUSES								
State only morbid equaing fetal death (onditions do NOT		200	ani	u_						.*
causing fetal death (use such terms as S Prematurity, Asphyxi	tillbirth, a, etc.)	20b. MATE	RNAL CA	USES						•	
21. STATE ANY COM	PLICATION	NS OF PREG	NANCY A	ND LABOR		22. STATE ALL OPE	RATIONS	FOR DEL	IVERY		
nane						nanl.					
I hereby certify attended the birth child who was bor	of this	23a. ATT	ENDAN	T'S SIGN	ATURE	Specie if M	D., midw	ife, or oth	er)	23b. DATE SIG	NED 1955
on the date stated		230. ATTEM	IDANT'S	ADDRESS St Zu	inter	If NOT 24. SIGN attended by physician	IATURE O	F AUTHOR	RIZED OFFICIAL	7	TITLE
25a. BURIAL, CREM TION, REMOVAL (Speed		DATE /4/195	5		of CEMETERY ineland	OR CREMATORY	25d. LC		(City, town, or easton, M		(State)
DATE REC'D BY LOC	AL REG	ISTRAR'S SI		Rich	uds	26 FUNERAL DIREC	CTOR	ant		oress ton, Was	hington
				-		,, , , , , , , , , , , , , , , , , , ,					



FD3-797(V3)	ECEIVE (1949 Revision of	Standard Certificat	e) Sta	ite File No. 145
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	MANUGIT BEERTIFICATE	OF STILLBIF	RTH Lo	cal Reg. No. 73
	vision of Vital Statistics State of	f Idaho	Ke _l	g. Dist. No
a. COUNTY Nez Perc		l a STATE		R (Where does mother live?)
b. CITY (If outside corporate)	limits, write RURAL and give township)	c. CITY (If outside ed	orporate limits, write RURA	Asotin L and give township)
TOWN Lewiston	n	OR TOWN	Clarkston	
HOSPITAL OR	hospital or institution, give street address or location) Joseph's Hospital	d. STREET ADDRESS	(If rural, give location) arkston Heigl	hts
3. CHILD'S NAME ((Type or Print)	Cathy Lynne Rinard			
4. SEX 5a. THIS		TWIN OR TRIPLET (This o	hild born) 6. DATE OF	(Month) (Day) (Year)
Female single		2ND	3RD STILLBIR	Mugust 10, 1955
7. FATHER'S NAME	a. (First) b. (Mide	dle)	c. (Last)	8. COLOR OR RACE
	Albert		Rinard	White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	1	KIND OF BUSINESS OR INDUSTRY
41 YEARS		Dental Tech		Dentistry
12. MOTHER'S MAIDEN	a. (First) b. (Mide	dle)	c. (Last)	13. COLOR OR RACE
NAME 14. AGE (At time of this birth)	Violet 15. BIRTHPLACE (State or foreign country)	Lic citti poen epera	Carlson	White
20				OTHER (Do NOT include this child) on were c. How many OTHER
39 YEARS	Deary, Idano	a. How many chil- dren are now living?	b. How many childre born alive but are now	dead? children were stillborn (born dead after 20 weeks
Gehent	Ringal	Two	None	pregnancy)? None
18a. LENGTH OF PREG- 18b. NANCY WEEKS	. WEIGHT AT BIRTH 19 Was a standard LBS. OZS. Approximate da	serological test f	or syphilis perfor	med? Yes No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES Brandus	enden. of	Piet.	; ====================================
21. STATE ANY COMPLICATIO	NS OF PREGNANCY AND LABOR	22. STATE ALL OPER	TIONS FOR DELIVERY	
-to-a		200		
I hereby certify that I attended the birth of this child who was born dead on the date stated above	23c. ATTEMPANT'S SIGNATURE 23c. ATTEMPANT'S ADDRESS WILLIAM	If NOT 24, SIGNA	T., mh wife, or other) FURE OF AUTHORIZED	23b. DATE SIGNED 8 // CT OFFICIAL TITLE
at m.	707 with It what.	attended by physician		
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)	DATE 25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City,	town, or county) (State)
Burial Au	<u>igust 12, 1955 Normal</u>	Hill	Lewiston, !	Vez Perce, Idaho
DATE REC'D BY LOCAL REG	SISTRAR'S SIGNATURE	26 PINE DIRECT	0	ADDRESS
8-11-55	Lamy Kichards	1/15./hu	Clark Cla	erkston, Washington
	V		•	

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PHS-797(VS) 4-48 FEDERAL SECURITY AG	AUG 2.9 1955	(1949 Revision of	Standard Certificat	e) State	e File No
PUBLIC HEALTH SERVICE	SENSO SENSO	CERTIFICATE			ll Reg. No. 224
	ision of vical Stati	etics State of	Idaho	neg.	Dist. No. 224
1. PLACE OF STILLE				ENCE OF MOTHER	
a. COUNTY Nez P	erce		a. STATE Ida	ho b. cou	Nez Perce
b. CITY (If outside corporat		rive township)	c. CiTY (If outside o	orporate limits, write RURAL	
TOWN Lewis	ton		TOWN Lew	iston	
c. FULL NAME OF (If not HOSPITAL OR INSTITUTION St	in hospital or institution, give Joseph Hospital		d. STREET ADDRESS 511	Airway Ave.	
3. CHILD'S NAME					
((Type or Print)	DIANE	JUDITH	CLE	MENTS	
4. SEX 5a. TH	IS BIRTH	5b. IF T	WIN OR TRIPLET (This	child born) 6. DATE OF	(Month) (Day) (Year)
Female SINGL	E TWIN	TRIPLET 1ST	2ND X	3RD STILLBIRTH	aug. 15, 1955
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE
	Mickey	Tyrre	:11	Clements	White
9. AGE (At time of this birth)	10. BIRTHPLACE (St.	ate or foreign country)	11a. USUAL OCCUPA		IND OF BUSINESS OR INDUSTRY
2 8 year	s Spokane, V	Vashkngton			
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME	Martha	Rose		Goodall	White
14. AGE (At time of this birth)	15. BIRTHPLACE (St				THER (Do NOT include this child)
20 YEAF	s Craigmont	, Idaho	a. How many chil- dren are now living?	b. How many children born alive but are now d	were c. How many OTHER ead? children were stillborn
17. INFORMANT	0//				(born dead after 20 weeks pregnancy)?
Michay T	Chemint		0	0	0
18a. LENGTH OF PREG- 18	Bb. WEIGHT AT BIRTH	19 Was a standard	serological test	for syphilis perform	ped? Yes No
WEEKS	LBS. OZS.	Approximate da	te 1269	55 MOTH	IPV
CAUSE OF STILLBIRTI		/ / j v	1 77 6		,
State only morbid condition causing fetal death (do NO	$\frac{1}{2}$	trauterine (100/h - 11	lust unkno	00017-
causing fetal death (do NO use such terms as Stillbirth Prematurity, Asphyxia, etc.)	b, 20b. MATERNAL CA	1 1/			
	1 1	of Known	\		
21. STATE ANY COMPLICAT	7	ND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	ABP
1 wins		dellury	171510	stomy - U	utlet lurcaps
I hereby certify that attended the birth of this		T'S SIGNATURE	(Specify if M.]	D., midwife, or other)	236. DATE SIGNED
child who was born dea	$d \mid \mathcal{L} \cup L$	al My	mern		18-22-53
on the date stated above	e 23c. ATTENDANT'S	ADDRESS /	attended by	TURE OF AUTHORIZED O	FFICIAL TITLE
at m.	<u> </u>		physician		
TION REMOVAL (Specify)	Sb. DATE	25c. NAME OF CEMETER		25d. LOCATION (City, to	
Burial	Aug.16,1955	Normal Hill		Lewiston,	
DATE REC'D BY LOCAL R	EGISTRAR'S SIGNATURE	5 1		OR Brower-Wann	Cappress Lewiston, Idaho
8-25-55	Hancy K	uraide	By - /	Slac	Idaho
•	- 0 '		,		
					

RECEIVED PHS-797(VS) (1949 Revision of Standard Certificate) State File No. FEDERAL SECURIT SEPI 4 1955 CERTIFICATE OF STILLBIRTH Local Reg. No. Division of Vital Statistics PUBLIC HEALTH State of Idaho 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY Nez Perce a. STATE Washington b. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) c. CiTY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston Asotin TOWN c. FULL NAME OF (If not in hospital or institution, give street address or location) d. STREET (If rural, give location) HOSPITAL OR INSTITUTION ADDRESS Cloverland Free Meth. Church St Joseph Hospital 3. CHILD'S NAME (Type or Print) Baby Girl Joy 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF STILLBIRTH (Month) (Day) (Year) Female SINGLE K August 26 TRIPLET ___ 1955 TWIN 1ST 2ND 3RD 7. FATHER'S a. (First) b. (Middle) 8. COLOR OR RACE c. (Last) NAME Kav White Iov 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY 22 Kansas Mimister Free Meth. Church YEARS 12. MOTHER'S a. (First) b. (Middle) c. (Last) 13. COLOR OR RACE MAIDEN Glenice White White NAME 15. BIRTHPLACE (State or foreign country) 14. AGE (At time of this birth) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many chilb. How many children were c. How many OTHER YEARS! -Nwbraska dren are now living? children were stillborn (born dead after 20 weeks born alive but are now dead? 17. INFORMANT none none pregnancy)? none 18a. LENGTH OF PREG-(8b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. No........ Approximate date WEEKS LBS. ර ozs 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23a. ATTENDANT'S SIGNAZ I hereby certify that I 23b. DATE SIGNED (Specify if M. D., midwife, or other) attended the birth of this child who was born dead on the date stated above If NOT attended by 24. SIGNATURE OF AUTHORIZED OFFICIAL physician 25a. BURIAL, CREMA-TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State) Buria. Normal Hill Cemetery Lewiston, Idaho DATE REC'D BY LOCAL

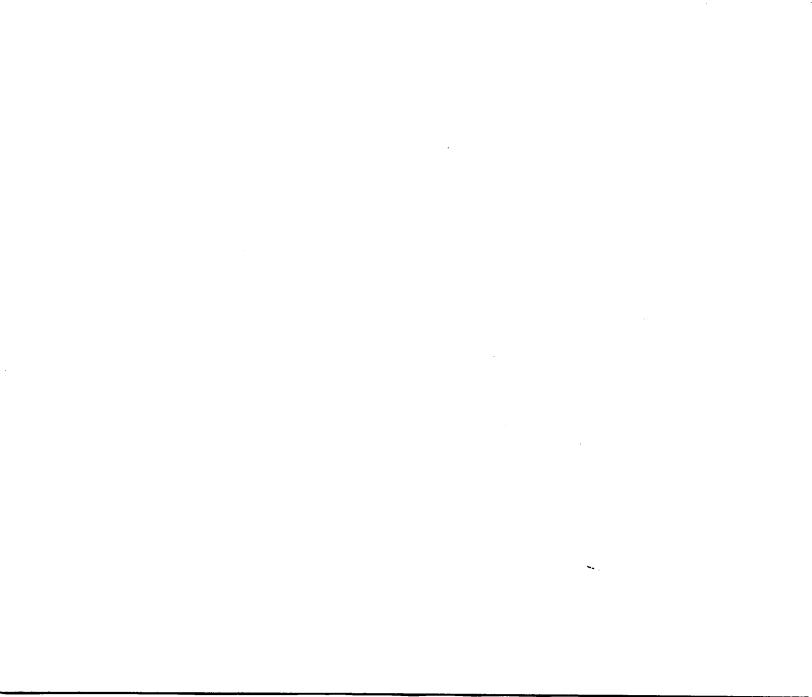
DIBECTOR Brower-Wann Coappress

Lewiston. Idaho

REGISTRAR'S SIGNATURE

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PHS-797(VS) (1949 Revision of	Standard Certificate	s) State File	No. 148
14-48 C [C] P 4 (L]			No. 51
PUBLIC HEALTH SERVICE DIVISION Of Vital Statistics State of		Reg. Dist.	No. 142
1. PLACE OF STILLBIRTH	2. USUAL RESID	ENCE OF MOTHER (When	e does myther live?)
a. COUNTY	a. STATE	b. COUNTY	Locheno
b. CiTY (If outside corporate limits, write RURAL and give township) OR	c. CITY (If outside co	rporate limits, write RURAL and give	township)
TOWN Pelloan	TOWN	Enanelle	
c. FULL NAME OF (If not in hospital or fastitution, give street address or location) HOSPITAL OR INSTITUTION	d. STREET ADDRESS	(If rural, give location),	Islaha
3. CHILD'S NAME ((Type or Print) DOV/C (TENE	Pollar	- d	
4. SEX 5a. THIS BIRTH 5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DATE OF (Mon	th) (Day) (Year)
MALO SINGLE TWIN TRIPLET IST		3RD 🗆 au	pust 16 1955
7. FATHER'S a. (First) b. (Midd NAME.	le)	c. (Last)	8. COLOR OR RACE
Doy/e	101	lard	White
9. AGE (At time of this birth) DESTHELACE state or foreign country)	11a. USUAL OCCUPAT	TON 11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S a. (First) D. (Midd	JAJ14	c. (Last)	13. COLOR OR RACE
MAIDEN LAFAWN Carol		3est	White
14. AGE (At time of this birth)		DUSLY BORN TO THIS MOTHER	
17. INFORMANT	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks
Palary Pollard	0	0	pregnancy)?
18a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard	serological test f	or syphilis performed?	Yes No. L
28 WEEKS / LBS. //2_OZS. Approximate dat	te.		· '
CAUSE OF STILLBIRTH 20a. FETAL CAUSES			
State only morbid conditions causing fetal death (do NOT use such terms as Stillibirth, 20b. MATERNAL CAUSES \			
use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES Left 4 Manual	dann a	lew days bell	ere fronts
21. STATE ANY COMPLICATIONS OF PREGNANCY AND ABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
Sure - Dunature Cabor	m	are	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	//)., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	vell, w		17 Chug 1955
on the date stated above Z. ATTENDANT'S ADDRESS	If NOT 24. SIGNAT	TURE OF AUTHORIZED OFFICIA	L TITLE
atm. Theling Jake	physician		
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (Pity, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRANS, SIGNATURE	26. FUNERAL DIRECT	OR AL	DDRESS 0
9/22/REG		In Sold of	Il nochol
plant is the	Tenus	111 June 1-	my the
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HS-797(VS) -48 -EDERAL SECURITY AGEN UBLIC HEALTH SERVICE	NCYAUG 23 CERTIF	ICATE (Standard Certificate OF STILLBIR Idaho) PTH	Local Reg. Reg. Dist. 1	No	5
I. PLACE OF STILLBIR	ТН		2. USUAL RESID	ENCE OF MO	THER (Where	loes mother live!	")
a. COUNTY Twin	Falls		a. STATE Idal	20	b. COUNTY	[win Fa]	l]s
b. CITY (If outside corporate liz	mits, write RURAL and give township)		c. CITY (If outside co	******			
Town Twin Fa	lls		TOWN Bul	ıl			
HOSPITAL OR	hospital or institution, give street address Valley Memorial	ì	d. STREET ADDRESS IL RO	oute if 3	ation)		
3. CHILD'S NAME							
((Type or Print)	hristine Ann Jens	sen					
4. SEX 5a. THIS I	BIRTH	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DAT	E OF (Month LBIRTH) (Day)	(Year)
Female single	X TWIN TRIPLET	1ST	2ND	3RD 3.11	Augu	ıst 6,]	955
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
	Gerald	Sor	en	Jensen		whi	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign of	country)	11a. USUAL OCCUPAT	ION	11b. KIND OF	Business or	INDUSTRY
31 YEARS	Buhl, Idaho		Farmer		Farm		
2. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR O	R RACE
NAME	Janice	Ruth	<u> </u>			white	
4. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign	country)	16. CHILDREN PREVIO				
26 YEARS	Filer, Idaho		a. How many chil- dren are now living?	b. How many born alive but as	children were re now dead?	c. How many children were (born dead aft pregnancy)?	still born
Lica Chas			la	0		0 ·	
8a. LENGTH OF PREG- 18b. NANCY AP		standard eximate da	serological test i	or syphilis p	erformed?	Yes	No
CAUSE OF STILLBIRTH State only morbid conditions ausing fetal death (do NOT use such terms as Stillbirth,	20a. FETAL CAUSES Engli	troflad	Tim fetre	lu.			
Busing letti death (do Norisse such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES						
21. STATE ANY COMPLICATION	NS OF PREGNANCY AND LABOR		22. STATE ALL OPER	ATIONS FOR DEL	IVERY		
I hereby certify that I attended the birth of this	23a. ATTENDANT'S SIGN	ATURE	(Specify if M.)	midwife, or oth	ner)	23b. DATE SIG	SNED
child who was born dead on the date stated above at 7147 A. m.	23c. ATTENDANT'S ADDRESS Filer. Idaho		If NOT attended by physician	TURE OF AUTHO	RIZED OFFICIAL		TITLE
25a, BURIAL, CREMA- 25b.			Y OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
TION, REMOVAL (Specify) A	ug 1955 Bu	hl City	Cemetery	l , E	Buhl	I	daho
	enola !	Toman	26. FUNERAL PIRECT	6 hris	No.	oress Buhl, Id	aho
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A_AB	OF STILLBIRTH	State File No
1. PLACE OF STILLBIRTH a. COUNTY Turin Falls	Laho	COUNTY Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TOWN TOWN	c. CITY (If outside corporate limits, write RI OR TOWN	URAisand give township)
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION magic Valley Memory Hosp.	d. STREET (If rural, give to be at ADDRESS	ion)
3. CHILD'S NAME Baby Bay McC	en	
4. SEX 5a. THIS BIRTH 5b. IF TO SINGLE TWIN TRIPLET 1ST	WIN OR TRIPLET (This child born) 6. DATE STILLE	8-9-5-5
7. FATHER'S a. (First) b. (Middle NAME 9	(Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 24 YEARS Serome Idaho	11a. USUAL OCCUPATION 1	1b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S (First) b. (Midd MAIDEN NAME Page 1	de) C. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO TH	
17. INFORMANT	a. How many children are now living?	ildren were now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
William & M Cong.		
38 WEEKS 4 LBS. 15 202S. Approximate da	serological test for syphilis per te	formed? Yes No
CAUSE OF STILLBIRTH State only morbid conditions converge (et al death (do NOT	utel Fisut	beening du
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	Jehrosis	,
21. STATE ANY, COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVI	ERY
I hereby certify that I 23a. ATTENDANT'S SIGNATURE attended the birth of this	Specify if M. D. Chidwig, or other	23b. DATE SIGNED
child who was born dead on the date stated above at m.	If NOT attended by physician 24. SIGNATURE OF AUTHORIZ	ZED OFFICIAL TITLE
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER TION REMOVAL (Sports)	OR CREMATORY 25d. LOCATION (C	City, town of county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNE OUT DIRECTOR	ADDRESS AND Falls
(Mig. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	

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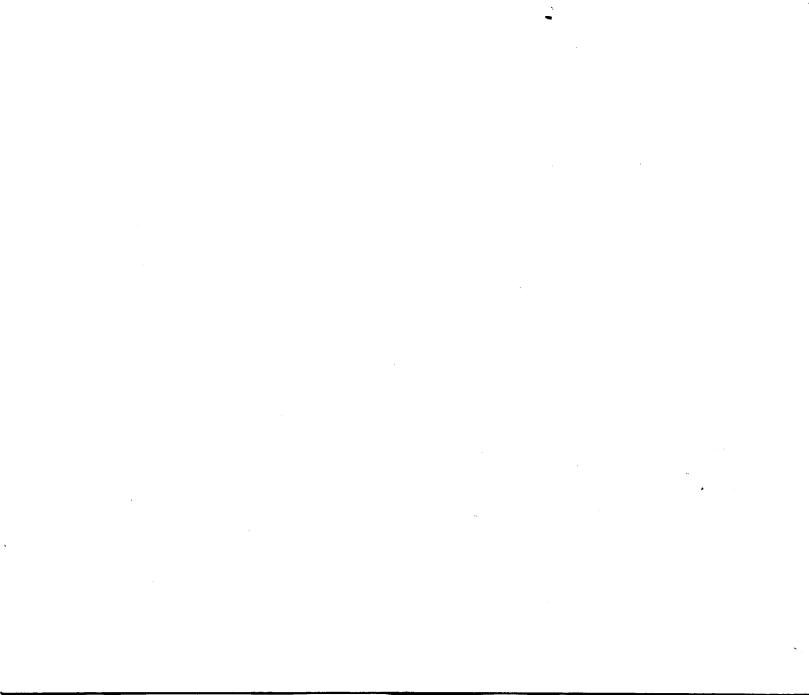
PHS-797 (NECEVED 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH CENTRE TO 10 IT.

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH State of Idaho

State File No.	.5.1	
State File No	9	
Reg. Dist. No. 974		
		•

1. PLACE OF STILLBIRTH a. COUNTY	2. USUAL RESID	ENCE OF MOTHER (When	e does mother live?)
Ada.	a. STATE Idahe	b. COUNTY	Ada
b. CITY (If outside corporate limits, write RURAL and give township)		orporate limits, write RURAL and give	
or Town Boise	UK		, , , , , , , , , , , , , , , , , , , ,
C. FULL NAME OF (If not in hospital or institution, give street address or location)	d. STREET		
HOSPITAL OR	ADDRESS	(If rural, give location)	
St. Albionse		303 S. Garden	
3. CHILD'S NAME ((Type or Print)			
John Nichae	1 Stegr	ist.	
	WIN OR TRIPLET (This		th) (Day) (Year)
Male SINGLE THE TWIN TRIPLET 1ST	2ND	3RD 6. DATE OF (Mon STILLBIRTH Sept	. 13 1955
7. FATHER'S a. (First) b. (Middle NAME	le)	c. (Last)	8. COLOR OR RACE
John Wil	liam	Siegrist	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TION 11b. KIND OF	BUSINESS OR INDUSTRY
37 YEARS Eldorado Kansas	Boeing Airc		
12. MOTHER'S a. (First) b. (Middle MAIDEN	le)	c. (Last)	13. COLOR OR RACE
NAME Helen G.	Mi	ller	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER (
36 YEARS Eldorado Kansas	a. How many chil-	b. How many children were	c. How many OTHER
17. INFORMANT	dren are now living?	born alive but are now dead?	children were stillborn (born dead after 20 weeks pregnancy)?
Jaky William Xuecrus	5	none	none
18b. WEIGHT AT BIRTH 19 Was a standard	serological test	or syphilis performed?	Yes×No
WEEKS LBS. OZS. Approximate dat	e Man	1955	
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	1		
State only morbid conditions	(7		
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	, ,		
Prematurity, Asphyxia, etc.)	aton of p	County	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
	0		
I hereby certify that I 23a. ATTENDANT'S SIGNATURE /	(Specify if M. I	D., midwife, or other)	23b. DATE SIGNED
attended the birth of this	يسكار		14 Lent 195
on the date stated above 23c. ATTENDANT'S ADDRESS	II NOT 24. SIGNA	TURE OF AUTHORIZED OFFICIA	TITLE
8 0.//	attended by physician	TORE OF NOTHORIZED OFFICIA	L V IIILE
25a, BURIAL, CREM A- 25b. DATE 25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Burial Sent. 14 1955 St. John's		Boise, Idaho	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT		DRESS
9-19-53 REG. Mutte talmer on		cCann-Gibson Be	
Trypiac : 2011000	() . 10	200	



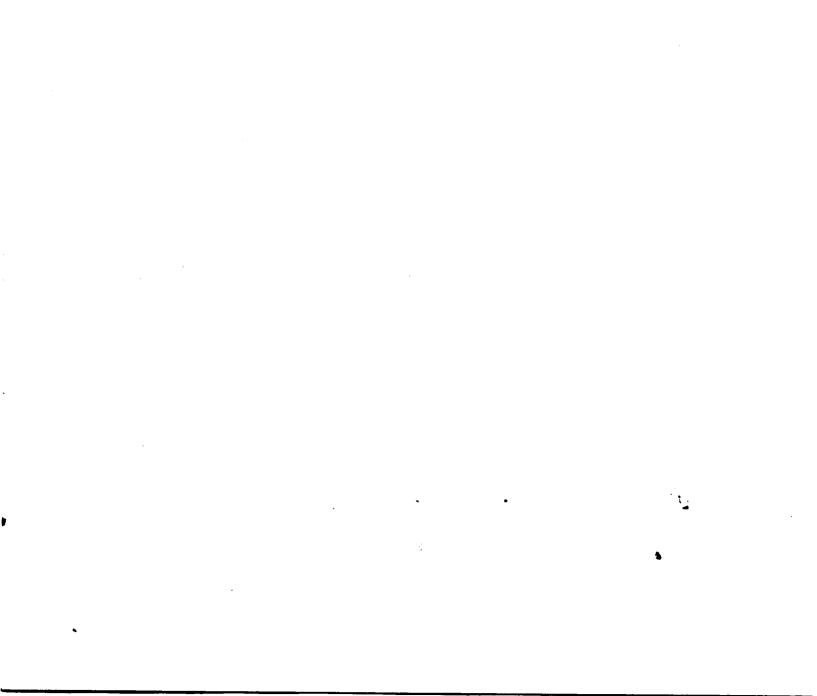
PHS-797(VS)	ECHI	1727	(1949 Revision of	Standard Certificate	e)	State File		52
4-48 FEDERAL SECUR PUBLIC HEALTH SE	TY AGENCY	ا ا	CERTIFICATE	OF STILLBIF	RTH	Local Reg	. No	3
Div:		. 70	State o	f Idaho		Reg. Dist.	No2(1	
I. PLACE OF S	TILLBIRTH	e di dice		2. USUAL RESID	ENCE OF MO		does mother live?)
a. COUNTY	Bannock			a. STATE Idah	10	b. COUNTY	Bingh	am
b, CITY (If outside OR	e corporate limits, wr	tte RURAL and	give township)	c. CITY (If outside ed	orporate limite, write	RURAL and give	township)	
TOWN	Pocate1	lo	· · · · · · · · · · · · · · · · · · ·	TOWN Ft.	Hall			
c. FULL NAME O HOSPITAL OR INSTITUTION			el Hospital	d. STREET ADDRESS	(If rural, give lo	ocation)		
3. CHILD'S NA (Type or Print	ME	···· • · · · · · · · · · · · · · · · ·	ABY GIRL BALL	חמו				
4. SEX	5a. THIS BIRTH	D;		TWIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Female	SINGLE X	TWIN 🗌	TRIPLET 1ST		STI	ілвіктн Jun	e 19,	1955
7. FATHER'S NAME	a. (1	First)	b. (Mid		c. (Last)		8. COLOR OR	
		VIDAL		ELIX	BALLAR		Indiar	
9. AGE (At time of the		RTHPLACE (8)	tate or foreign equatry) Idaho	Rancher	rion		employed	
12. MOTHER'S MAIDEN	B. (First)	b. (Mid	dle)	c. (Last)		13. COLOR OF	RACE
NAME	E.	ffie			Matsaw		Indian	1
4. AGE (At time of the	his birth) 15. B	IRTHPLACE (8	tate or foreign country)	16. CHILDREN PREVIO				
17. INFORMAN		Hall.	Idaho	a. How many children are now living?	b. How many born alive but a	children were are now dead?	c. How many children were (born dead after pregnancy)?	OTHER stillborn er 20 weeks
Effie Ba	llard. Mo	ther		Two	One		Two	
8a. LENGTH OF PE	REG- 18b. WEIGH	T AT BIRTH	¹⁹ Was a standard Approximate da	serological test i	or syphilis p	erformed?	Yes. X	No
CAUSE OF STIL	LBIRTH 20a.	FETAL CAUSES	-6	00				
State only morbid	conditions		Luce	1	Ken	nig	11.	1
causing fetal death use such terms as Prematurity, Asphy	Stillbirth, 20b.	MATERNAL CA	NUSES ALLO	etir.	albu		. 27	
21. STATE ANY CO	MPLICATIONS OF	REGNANCY A	AND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY	7	
		no		Caesarean	Section			
I hereby certif attended the birt	h of this	ATTENDAN	IT SIGNATES	(Specify if M.)	D., midwife, or other	her)	23b. DATE SIG	NED 5
child who was be on the date state at 0:/0(ed above 330	CONTAINT'S	ADDRESS	If NOT 24. SIGNA attended by physician	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
25a. BURIAL, CRE TION, REMOVAL (8px	MA- 25b. DATE	19.1955	SANDHILL	Y OR CREMATORY LEMETERY	25d. LOCATION	(City, town, or	county)	(State)
DATE REC'D BY LO	CAL REGISTRAL	R'S SIGNATUR		26. FUNERAL DIRECT	Man	All	DRESS /	the 12th
						1 Fo	wello.	I dale



PHS-797(Na) 4-48 FEDERAL SECURITE PUBLIC HEALTH	(3)	VIII	,	CERTIFIC	ATE	Standard Certificat OF STILLBII Idaho	•		State File Local Reg Reg. Dist	z. No	10 10	53.
1. PLACE OF STI	et a ma	Hatis	nes Banno	ck		2. USUAL RESID	DENCE C	F MO	THER (When			-1-
b. CITY (If outside co	rporate lim					c. CITY (If outside o			DUDAI and at		anno	CIC
OR TOWN		catel	_		İ	OR TOWN				e rownamp)		
c. FULL NAME OF C				e atreet address or le	estion)	d. STREET	Poca	LELL L give los				
HOSPITAL OR INSTITUTION ST				7 Hospita		ADDRESS		_	Fremon	+		
3. CHILD'S NAME		шоцу	<u> rierc</u>	LOSDITA	<u> </u>	!	700	.,650	1 1 CMOII	<u> </u>		
((Type or Print)								GA	RVIN			
1	. THIS B	_	,		5b. IF T	WIN OR TRIPLET (This	child born)	6. DAT	E OF (Mon	ıth) (I	Эау)	(Year)
	SINGLE [XI т	WIN .	TRIPLET	1ST	2ND	3RD	2111	7 TOIRIN	•	14	55
7. FATHER'S NAME		a. (First	.)		b. (Midd	le)	c. (Last)		8. COLC	R OR I	RACE
MAINE		Max			Lane		Ga	arvi	n	W.	hite	
9. AGE (At time of this b	oirth)	10. BIRTH	IPLACE (St	ate or foreign countr	y)	11a. USUAL OCCUPA			11b. KIND OI			
33	YEARS	Be	lling	nam. Wash	_	Manager	•		Rena W	are D	i ata	ibutor
12. MOTHER'S		a. (First			b. (Midd			Last)	1401101 111	13. COL	OR OR	RACE
MAIDEN NAME		Arle	ne		Lanor	'e	(Cobb		W	hite	
14. AGE (At time of this b	irth)	15. BIRTH	IPLACE (8t	ate or foreign countr	y)	16. CHILDREN PREVI	OUSLY BO	RN TO 1	HIS MOTHER	(Do NOT	include	this child)
32	YEARS			Oregon		a. How many children are now living?			children were e now dead?	c. How	many	OTHER stillborn 20 weeks
rlene Ga	rvin					1	0			pregnan	cy)?	AU WOCES
18a. LENGTH OF PREG NANCY /2 WEEKS		WEIGHT A	T BIRTH	¹⁹ .Was a sta Approxim	ndard ate dat	serological test	for syph	ilis p	erformed?	Yes	< N	io
CAUSE OF STILLBI State only morbid con causing fetal death (do use such terms as Still Prematurity, Asphyxia,	ditions		L CAUSES		rm	_ mace						
Prematurity, Asphyxia,	etc.)	200. MAI	ERNAL CA		off	arant.						
21. STATE ANY COMPL	ICATIONS	OF PRE	GNANCY A	ND LABOR		22. STATE ALL OPER	ATIONS FO	OR DELI	VERY			
none					- 1		rone	-				
I hereby certify to attended the birth of child who was born	fthis	23a. ATT	TENDAN	T'S SIGNATU	RE	(Specify if M.)	D., midwife	o, or oth	er)	23b. DAT	SIGN	FD -/855
on the date stated at 8:140.	above	236 111	ENDANT'S	DORESS Slak	lo	If NOT attended by physician	TURE OF	AUTHOR	RIZED OFFICIA	VL.	1	TITLE
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	25b. D	ATE	1	25c. NAME OF C	EMETERY	OR CREMATORY	25d. LOC	ATION ((City, town, or	county)		(State)
Burial	Ju	1.15	. 155	Moun	tain	view	Poc	atel:	lo.		T.	daho
DATE REC'D BY LOCAL	 -		SIGNATURE		Olin	26. FUNERAL DIRECT	OR			DORESS	lo.	Idal

6 . 1 en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co

PHS-797(VS) (1949 Revision of Standard Certificate) State File No. 1.5.4	-
FEDERAL SECURITY DEPOY 3 2 15 CERTIFICATE OF STILLBIRTH Local Reg. No	
Division of Vital Statistics State of Idaho Reg. Dist. No	
1. PLACE OF STILDBIRTH a. COUNTY a. STATE b. COUNTY b. COUNTY a. STATE b. COUNTY b. COUNTY car car car car car car car ca	
b. CITY (If outside corporate limits, write RURAL and give to wishin) OR TOWN	-
c. FULL NAME OF AT In hospital Institution, give errort address on location) HOSPITAL OR INSTITUTION ADDRESS INSTITUTION AND AND AND AND AND AND AND AND AND AND	
3. CHILD'S NAME (Type or Print) Baby Boy Sleight	
SEX 5a. THIS BIRTH 5b. IF TWIN OF TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year) SINGLE TWIN TRIPLET 1ST 2ND 3RD 3RD 4. 4. 4. 4. 4. 4. 4. 4	
7. FATHER'S NAME b. (Middle) b. (Middle) 8. COLOR OF RACE	
9. AGE (At time of this birth) 10, BIRTIPLACE (State or Streign country) 11a, USUAL OCCUPATION 11b, KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S (a. (Eirst) b. (Middle) (Lage) 13. COLOR OF RACE	
MAIDEN Harle Kobinson White	
14. AGE (At time of this birth) 15. GIRYOLACE, (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children were c. How many OTHER	
To the first state of the first	
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes. No	
OAUSE OF STILLBIRTH State only morbid conditions counting foral death (do NOT)	
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES () (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY Pre + Clampite - Site Livet Floring	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) 23b. DATE SIGNED	:(1
on the date stated above 23c, ATTENDANT'S ADDRESS / If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	, , ,
at m. 1607CLRECK (J-Uni physician	
250 BURIAL CREMA- 250-)DATE 250 NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State)	
DATE BEC'D BY LOCAL REGISTRAR'S DENATURE 26. FUNERAL DIRECTOR ADDRESS	
9/15/17 Dely fle Wathand Monfleting	2
	•



EDERAL SECUR		4	5 CE	· -	Standard Certificate OF STILLBIF Idaho	•	Local Reg.	No	0
1. PLACE OF 3 a. COUNTY	THE E	KLIH.	tatistics week		2. USUAL RESID a. STATE	ENCE OF MO	b. COUNTY	/-	ensel
b. CITY (If outsid OR TOWN	le corposit	700.	RAL and give to	ownship)	c. CITY (If outside of OR TOWN	rporate limbs, write	RURAL and give		
c. FULL NAME C HOSPITAL OR INSTITUTION	1	n hospital or insti	itution, give stre	pet address of location)	d. STREET ADDRESS	(If rural, give lo	cation)		
3. CHILD'S NA {{ Type or Print		Ba	bv	Re	NERD				
4. SEX 190 Y	5a. THIS	S BIRTH	n 🗌	Sb. IF T	WIN OR TRIPLET (This o	hild born) 6. DAT	TE OF (Mont	h) (Day)	(Year)
7. FATHER'S NAME		a, (First)	n	b. (Midd	le)	ensi)		8. COLOR OR F	RACE
9. AGE (At time of the	his birth)	s 10. BIRTH	LACE (State of	or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR II	NDUSTRY
2. MOTHER'S MAIDEN NAME		a. (First)	ldres	EUELY	ile)	Saus	y	13. COLOR OR	RACE
4. AGE (At time of t	YEAR	15. BIRTHE	ACE (State of	r foreign country)	a. How many children are now living?	b. How many born alive but a	children were	c. How many children were (born dead after	OTHER stillborn
8a, LEMGTH OF P		b. WEIGHT AT	BIRTH 19.7	Was a standard	serological test i	or syphilis r	g performed?	pregnancy)?	<u>2</u>
/ WEEKS		LBS.	ozs.	Approximate da	te				
CAUSE OF STIL state only morbid ausing fetal death use such terms as	condition (do NOT	s r	RNAL CAUSES	Leve	re and	ma			
Prematurity, Asphy	yxia, etc.)			- Kh-	neg.				
1. STATE ANY COI	MPLICATI	ONS OF PREG	NANCY AND	LABUK	22. STATE ALL OPER	ALIONS FOR DEL	.IVEKY		
I hereby certizettended the birth who was be	th of thi		M	SIGNATURE	an,)., midwife, or oti		12 POST	55
on the date state to 10.35			Mars add		If NOT 24. SIGNA attended by physician	TURE OF AUTHO	RIZED OFFICIAL	L <i>U</i>	TITLE
5a. BURIAL, CRE		6. DATE 9- 10-	25c	NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	City, town, or	county)	(State)
PATE REC'D BY LO	OCAL RI	GISTRAR'S SI	GNATURE	Smith	26. RUNERAL DIRECT	Snow	. AD	DRESS	nasie
								Q	delid

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	4			
		,		

RECEIVED		4
PHS-797(VS) A SED 1 0 1055 (1949 Revision of	Standard Certificate) State	File No. 156
FEDERAL SECURITY AGENCY CERTIFICATE PUBLIC HEALTH SERVICESION OF Vital Statistics State of	OF STILLBIRTH Local	Reg. No. 3
State of	i Idaho Reg. 1	Dist. No. 110
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER	(Where does mother live?)
a. COUNTY Bonner	a. STATE Idaho b. COUN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandnoint.	c. CITY (If outside corporate limits, write RURAL at OR Sandpoint,	nd give township)
- CII CP C LII C	<u> </u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bonner General Hospital	d. STREET (If rural, give location) ADDRESS 1007 Lake St.	
3. CHILD'S NAME ((Type or Print) Infant Kincaid		
4. SEX 5a. THIS BIRTH 5b. IF 7	WIN OR TRIPLET (This child born) 6. DATE OF	(Month) (Day) (Year)
Female SINGLE X TWIN TRIPLET 1ST	WIN OR TRIPLET (This child born) 6. DATE OF STILLBIRTH	ept 6, 1955
7. FATHER'S a. (First) b. (Midd NAME	ile) c. (Last)	8. COLOR OR RACE
Elmo	Kincaid Jr	. White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b. KIN	D OF BUSINESS OR INDUSTRY
36 YEARS Ferdinand Idaho		ging
2. MOTHER'S a. (First) b. (Midd	lle) c. (Last)	13. COLOR OR RACE
NAME Rhoda Youngberg		White
4. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOT	
34 YEARS BOTNEO	a. How many children of the new new designs of the design of the design	d? c. How many OTHER children were stillborn (born dead after 20 weeks
Mrs. E. M. Kingaid	3	pregnancy)?
8a. LENGTH OF PREG- 18b. WEIGHT AT BIRTH 19 Was a standard	serological test for syphilis performe	ed? YesX No
36 WEEKS 4 LBS. O OZS. Approximate da	te June 17, 1955	
CAUSE OF STILLBIRTH 20a. FETAL CAUSES		
liste only morbid conditions ausing fetal death (do NOT se such terms as Stillbirth. 20b. MATERNAL CAUSES		
rematurity, Asphyxia, etc.)		
Pre-eclamosia		
I. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D. zwidwife, of other)	23b. DATE SIGNED
ttended the birth of this hild who was born dead	teason This.	9/10/55
in the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNATURE OF AUTHORIZED OF	
4:00 A.m. Sandpoint, Idaho	attended by physician	
5a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER 100 REMOVAL (Specify) Bept 7,1955 Pinecrest	Cemetery 25d. Location (City, town Cemetery Sandpoint,	n, or county) (State) Idaho
afte rec'd by Local registrar's signature Colpil	26. FUNDAL DIRECTOR	ADDRESS
	·	

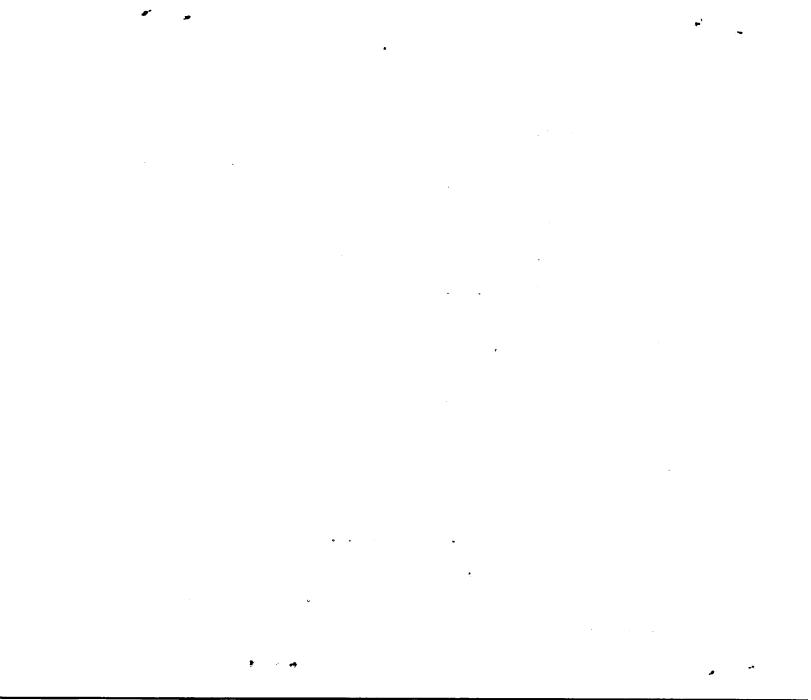
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

•	157
State File No	\C1
Local Reg. No	4
Reg Dist No	110

			State of	Idano				
1. PLACE OF S	TILLBIR	TH		2. USUAL RES	IDENCE O	F MOTHER (When	e does mother line?)	
a. COUNTY	Bonne	r		II A CTATE	daho	b. COUNTY	Bonner	
b. CITY (If outside	e corporate li	mits, write RURAL and	give township)	c. CITY (if outside	le corporate limi	ts, write RURAL and giv	e township)	
OR TOWN	Sandy	ooint		TOWN		ral	0 to " 22 in p,	
c. FULL NAME O HOSPITAL OR	F (If not in	hospital or institution, gi	ve street address or location)	d. STREET ADDRESS		sive location) Sandpoint	Tdeho	
INSTITUTION		<u>onner Gener</u>	al Hospital	1	OX UTO	, sandpoint	, Idano	
3. CHILD'S NA (Type or Print		Rabar G	irl Dunn					
4. SEX	5a. THIS			WIN OR TRIPLET -				
Female	SINGLE	TWIN 🖼	TRIPLET 1ST	WIN OR TRIPLET (T	ake child born)	6. DATE OF (Mor STILLBIRTH 9	th) (Day) 13	(Year) 55
7. FATHER'S NAME		a. (First)	b. (Midd		c. (I		8. COLOR OR R	
HAME	···	Jame s	Mai	rtin	1	Dunn	Whi te	
9. AGE (At time of the	nie birth)	10. BIRTHPLACE (8	tate or foreign country)	11a. USUAL OCCU	PATION	11b. KIND O	BUSINESS OR IN	DUSTRY
45	YEARS		, N.Dakota	Logger		Loggi	ng	
12. MOTHER'S MAIDEN		a. (First)	b. (Midd		c. (I	ast)	13. COLOR OR F	RACE
NAME		Helen	Marie Marie	} 	Wa	lseth	White	
14. AGE (At time of th	is birth)	15. BIRTHPLACE (8	tate or foreign country)	16. CHILDREN PRI		N TO THIS MOTHER	(Do NOT include t	his child)
41	YEARS	Madison, M	ihhesota	a. How many ch dren are now livin	il- b. How g? born aliv	many children were but are now dead?	c. How many O	THER
17. INFORMANT	Γ						(born dead after 2 pregnancy)?	0 weeks
Helen Du	nn			2		0	O .	
18a. LENGTH OF PR		WEIGHT AT BIRTH	19 Was a standard	serological tes	t for syph	ilis performed?	Yes. X No	o
WEEKS		LBS. OZS.	Approximate da	te 5-9-	5 5			•
CAUSE OF STILI		20a. FETAL CAUSES						
State only morbid causing fetal death use such terms as	onditions	Prolaps	ed cord					
use such terms as Prematurity, Asphys	Stillbirth,	20b. MATERNAL CA	NUSES				· · · · · · · · · · · · · · · · · · ·	
			ed cord					
21. STATE ANY COM	IPLICATION	IS OF PREGNANCY A	AND LABOR	22. STATE ALL OP	ERATIONS FO	R DELIVERY		
				Caesari	an sect	ion		
I hereby certify		23a. ATTENDAN	T'S SIGNATURE	(Specify if h	I.D., midwife	, or other)	23b. DATE SIGNE	D
attended the birth		Helen	E. Peterson,	M.D.				
on the date state		23c. ATTENDANT'S		If NOT 24. SIG	NATURE OF A	UTHORIZED OFFICIA	L TI	TLE
at	m.	Sandpoint		physician				
25a. BURIAL, CREM TION, REMOVAL (Spe	1 A- 25b.	DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCA	TION (City, town, or	county) (State)
HON, KEMOVAL (Spe	cuy)		Bonner Gener	al Hosp.	San	dpoint		
date rec'd by Loc det. 5, 19		strar's signatur race Ralph	É	26. FUNERAL DIRE	CTOR	AC	DDRESS	
	· · · · · · · · · · · · · · · · · · ·			<u> </u>				



(1949 Revision of Standard Certificate)

State File No	158
Local Reg. No	85
Por Diet No	610

sth.	
1 4-40	Standard Certificate) OF STILLBIRTH Idaho State File No. 158 Local Reg. No. 185 Reg. Dist. No. 6.10
1. PLACE OF STILLBIRTH a. COUNTY CONTROL VILLE	2. USUAL RESIDENCE OF MOTHER (Where from mother live?) a. STATE b. COUNTY onn evile
b. CITY (If outside corporate limits, rites, RURAL and give township) TOWN Tanho Falls	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION L. D. S. H. S. P. Cal	d. STREET (If rural, give location) ADDRESS
3. CHILD'S NAME ((Type or Print) Baby	64
Male single I TWIN TRIPLET IST	WIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year) STILLBIRTS
7. FATHER'S a. (First) b. (Midd	Colby white
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 43 YEARS TOShen - Jaho	11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME 6 r ma b. (Midd ea n	Hines white
14. AGE (At time of this birth) 37 YEARS Taaho Tails Cann 17. INFORMANT NSAAC Rawford Collec	a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY WEEKS 18b. WEIGHT AT BIRTH 19 Was a standard Approximate day	serological test for syphilis performed? Yes No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES 20b. MATERNAL CAUSES	Congression
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
I hereby certify that I attended the birth of this child who was born dead on the date stated above 23c. ATTENDANT'S ADDRÉSS	(Specify if M. D., midwife, or other) 23b. DATE SIGNED 11 NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
at m. Idaho Falls Ilaho.	attended by physician
25a. BURIAL, CREMA- TION REMOVAL (Boodity) Sept. 13,1911 103eh;	OR CREMATORY 25d. LOCATION (City, town, or county) (State) CMETERY daho alls Idaho 26 FINEDAL DIRECTOR

PHS-797(VSRE	CE	IVED	(1949 Revision of	Standard Certificat	(e)	State File	No	159
-48 FEDERAL SECUTATION OF THE PUBLIC HEALTH SERVI	YPAGEN	JCY DEE	CERTIFICATE	•	•	Local Reg	10	′ວ
PUBLIC HEALTH SERVI	19E Z 7	1 100	State of		X111	Reg. Dist.		10
Division	<u> 1 </u>	<u> </u>			·	_		
· COUNTY	rrbis.			2. USUAL RESID				
п. сос В	sonne	ville		a. STATE Id	aho '	b. COUNTY	Jeffer	son
b. CiTY (If outside cor OR	rporate liu	nits, write RURAL and	give township)	c. CITY (If outside o	orporate limits, write R	URAL and give	township)	
TOWN				TOWN Rura	1. Terreto	n		
c. FULL NAME OF (I	If not in h	cepital or institution, g	ive street address or location)	d. STREET	(If rural, give loca			
INSTITUTION	Sa	cred Heart	· Hospital	ADDRESS 1	O Miles No	· ·	t of T	erreton
3. CHILD'S NAME		Or Con Incom	HUSDILLEI			1 0/1 // 00		
((Type or Print)		MARTHA A	NN MITCHELL					
4. SEX 5a.	. THIS B	IRTH	5b. IF T	WIN OR TRIPLET (This	ebild born) 6. DATE	OF (Mont	h) (Day)	(Year)
	SINGLE [TRIPLET 1ST	2ND	3RD STILL	BIRTH	ember	
7. FATHER'S NAME		a. (First)	b. (Midd	ile)	c. (Last)		8. COLOR O	R RACE
		Alexander	Sand	dy	Mitche11	.	White	е
9. AGE (At time of this bi	irth)	10. BIRTHPLACE (S	State or foreign country)	11a. USUAL OCCUPAT		1b. KIND OF		
52Y	YEARS	Canada		Farmer		Self a	mploye	d
2. MOTHER'S		a. (First)	b. (Midd		c. (Last)	- AGTT G	13. COLOR (
MAIDEN NAME		Dorothy	•	•	, ,			
4. AGE (At time of this bi	irth)		State or foreign country)	16. CHILDREN PREVI	Hawley	IS MOTHER A	White	<u>e</u>
40	YEARS	Idaho	1010@n county)		b. How many ch			ny OTHER
7. INFORMANT	TEARS	LUATIO)	1 1 1	a. How many chil- dren are now living?	born alive but are	now dead?	children we	ere stillborn
$\alpha \wedge A$		le IV	24/2//				pregnancy)?	fter 20 weeks
	no	11	nines	8	0		None	
Ba. LENGTH OF PREG- NANCY		WEIGHT AT BIRTH	19 Was a standard	serological test	or syphilis per	formed?	Yes	. No
WEEKS	12	LBS, OZS,	Approximate da	te.	\longrightarrow			
CAUSE OF STILLBI	IKTH	20a. FETAL CAUSES	3	-0.0		T	_	
tate only morbid cond ausing fetal death (do se such terms as Still	litions NOT	<u> </u>	nu m	aurm	ux_ d	14 h	usal	4 gen
se such terms as Still rematurity, Asphyxia, e	lbirth,	20b. MATERNAL CA	AUSES		_ ノ・	0		
			sure u	udeler	unied			•
I. STATE ANY COMPLI	CATIONS	5 OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIV	ERY		
I hereby certify th	hat I	23a. ATTENDAT	TE SIGNATURE	(Specify if M. T	O., midwife, or other	<u> </u>	23b. DATE S	IGNED
ttended the birth of	f this		18/11		2011	'	9/10	
hild who was born n the date stated o		23c. ATTENDANT'S	ADDRESS ADDRESS	If NOT 24 SIGNA	TURE OF AUTHORIZ	ED OFFICIAL	1/17	<u>/ 0)</u>
			0	attended by	IURE OF AUTHORIA	CED OFFICIAL		TITLE
ia. BURIAL, CREMA-	m. ∣ - 25b. [Idaho Fal	15, 10ano	physician				
ION, REMOVAL (Specify)) [25c. NAME OF CEMETERY		25d. LOCATION (C		• •	(State)
<u>Burial</u>			Fielding Mem	orial Park	Bonne	<u>ville C</u>	ounty	Idaho
ATE REC'D BY LOCAL REG.	REGIS	TAR'S SIGNATUR	É 🖉 'a	26. FUNERAL DIRECT	OR A	ADI	DEESS T	daho Fa1
ent.24-195		Luce.	Dudges	Man	ecesu	uch	, 1	Idaho
								TONITIO

The Buy or 1116.

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State File No	161
Local Reg. No	10
Reg. Dist. No. L	362

			State of	Idano				*********
1. PLACE OF ST	FILLBIR	TH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)				
a. COUNTY	Canyo	on.		a. STATE Idaho	•	b. COUNTY	Canyon	
	corporate lin	nite, write RURAL and	l give township)	C. CITY (If outside corporate limits, write RURAL and give township)				
OR TOWN	Namp	a		TOWN Nampa				
c. FULL NAME OF HOSPITAL OR INSTITUTION		v Hospital or institution,	tive street address or location)	d. STREET (If rural, give location) ADDRESS 511 20th Ave. No.				
3. CHILD'S NA	ME	*	· - · · · · · · · · · · · · · · · · · ·	<u> </u>				
(Type or Print))	RUTH	ELIZABET	H GILLMO	RE			
4. SEX	5a. THIS E	BIRTH	,5b. IF T	WIN OR TRIPLET (This e	hild born) 6. DA	E OF (Mon	th) (Day) ((Year)
Female	SINGLE	X TWIN	TRIPLET 1ST	2ND	3RD 311	Sep	tember 20,	
7. FATHER'S NAME		a. (First)	b. (Mide	ile)	c. (Last)		8. COLOR OR RA	CE
		Kenneth			Gillmore		White	
9. AGE (At time of the	is birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT	TION		BUSINESS OR INC	USTRY
27	YEARS	Cherryvil	le. Kansas	Lab.		U. P.	R.R.	
12. MOTHER'S MAIDEN		a. (First)	b. (Mide	•	c. (Last)		13. COLOR OR R	ACE
NAME Joyce				Rudolph		White		
14. AGE (At time of the	ie birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER	(Do NOT include th	is child)
23	YEARS	Los Ange	l e s, Calif.	a. How many chil- dren are now living?	born alive but are now dead? children		c. How many O' children were st	ill born
17. INFORMANT	- ,	1/	.10	1			(born dead after 20 pregnancy)?	weeks
mors, 1	Ten	neth B	Mhore	1	1		U.	
18a. LENGTH OF PR	EG- 18b.	WEIGHT AT BIRTH	19 Was a standard	serological test	or syphilis p	erformed?	Yes No)
26 WEEKS		LBS. OZS.	Approximate da	ite.				
CAUSE OF STILI	BIRTH	20a. FETAL CAUSE			- /	_		
State only morbid o	onditions	Eng	throblacteri	tellahi	i i ky	draps	J	
causing fetal death use such terms as i Prematurity, Asphyx	Stillbirth, ria, etc.)	20b. MATERNAL	The deartice	· tactor		0		
21. STATE ANY COM	PLICATION	S OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DEL	.IVERY		
	7	one.		†	hom	·		
I hereby certify		23a. ATTENDA	NT'S SIGNATURE	(Specify if M.)	pridwite, or oth	ber)	23b. DATE SIGNE	D
attended the birth			W12 1 se		West		9/23/5	<u>ت</u>
on the date state		23c. ATTENDANT	ADDRESS	If NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE				
at	m.	Varia.	Idolo.	physician		•		
25a. BURIAL, CREM	M A- 25b.	DATE (25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
Burial	Sei	ot, 21, 195	Mt. Calva	ry Cemetery	Namy	a, Idaha	8	
DATE REC'D BY LO		ISTRAR'S SIGNATU	RE	26. FUNERAL DIRECT	98	A	DDRESS	
Jet. 15.19.		nes Jan	Steel	Rull		you	3y -	
				Alsip Funer	al Chapel	Nampa	y mano	
						~ /	/	

REAL STORY OF THE MAN TO THE SEASON STATE retrations age and THE WINDS OF STREET STREET, ST The second secon THE WAY THE THE PARTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

PHS-797(BECEIVED (1949 Revision of Standard Certificate) State File No. FEDERAL SECURITY AC CERTIFICATE OF STILLBIRTH Local Reg. No. State of Idaho Reg. Dist. No. Division of Vital Statistics 1. PLACE OF STILLBIRTH 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. COUNTY a. STATE b. COUNTY Idaho Cassia Cassia b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rurley c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley Burlev Rural c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR d. STREET (If rural, give location) ADDRESS R. F. D. # INSTITUTION Cottage Hospita 3. CHILD'S NAME (Type or Print) Baby Crane 4. SEX 5a. THIS BIRTH 5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF STILLBIRTH (Month) (Day) (Year) Bov SINGLE X Sept. 10, 1955 TWIN TRIPLET L 2ND 3**2**0 7. FATHER'S a. (First) b. (Middle) c. (Last) 8 COLOR OR RACE NAME Ralph Bovd Crane White 9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country) 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY Farmer Burley. Idaho Agriculture YFARS 12. MOTHER'S MAIDEN a. (First) b. (Middle) 13. COLOR OR RACE c. (Last) NAME White Elva Verness Mooso 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER **YEARS** daho children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? 18a. LENGTH OF PREG-NANCY 18b. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? No.: Approximate date WEEKS LRS. OZS 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22 STATE ALL OPERATIONS FOR DELIVERY 23a. ATTENDANT I hereby certify that I attended the birth of this (Specify if M. D., midwife, or other) 23b. DATE SIGNED child who was born dead on the date stated above II NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE attended by at ___3.30__ physician 25a. BURIAL, CREMA-25b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify)

Family Farm

26.

FUNERAL/DIRECTOR

Burley, Idaho

Burley

ADDRESS

Burial
DATE REC'D BY LOCAL

0/55

REGISTRAR'S SIGNATURE

RECLUED		163
4-40	Standard Certificate) State Fil	
PUBLIC HEALTH SERVICE	OF STILLBIRTH Local Re	g. No. 8 270
Division of Vital Statistics State of	of Idaho Reg. Dist	., No
1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER (Whe	re does mother live?)
a. COUNTY TRTO N	a. STATE Idalio b. COUNTY	Katon
b. CITY (If outside corporate limits, write RURAL and give township) OR	C. CITY (If outside corporate limits, write RURAL and gi	
TOWN Driggs	TOWN VICTOR	
c. FULL NAME OF (If not the cepital or institution, give street address or location) HOSPITAL OR HOSPITUTION	d. STREET (If rural, give location) ADDRESS	
3. CHILD'S NAME		
(Type or Print) Saha Rou	00	
	TWIN OR TRIPLET (This child born) 6. DATE OF (Mo	nth) (Day) (Year)
SINGLE TWIN TRIPLET 1ST	ZND 3RD STILLBIRTH	Pant 12 100
7. FATHER'S (First) b. (Michael NAME		V8. COLOR OR BACE
NAME (C) PO JU	ed RowF	14/
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)		F BUSINESS OR INDUSTRY
35 YEARS LOS (1968/83 (4)	1 -Self Comployed Mot	el Ounex
12. MOTHER'S a. (First) /b. (Mic		13. COLOR OR RACE
NAME MATLOTIE	TRIN Thomas	W
14. AGE (At time of this birth) 15. BIRTHPCICE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER	(Do NOT include this child)
36 YEARS DOWNER Sola.	a. How many children were dren are now living? born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	E Great are now in mig. Doin may be but and now dead.	(born dead after 20 weeks pregnancy)?
Cles + Stows		pregnancy):
18a. LENGTH OF PREGNANCY 18b. WEIGHT AT BIRTH 19 Was a standard	serological test for syphilis performed?	Yes - No
D WEEKS 6 LBS. 4 OZS. Approximate de	ate March 55.	
CAUSE OF STILLBIRTH 20a. FETAL CAUSES		
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	se of Cord	
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY	
I rolepse of cord	none	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	aren mD.	9-13-55
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNATURE OF AUTHORIZED OFFICE	AL TITLE
at 21 Am. Duggs Scho	physician	
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETER	RY OR CREMATORY 25d. LOCATION (City, town, o	r county) (State)
14-55 Mic Con	mis Came	mr- Roboho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR A	DDRESS

			1					
PHS-797(VS)	TO THE		(19/9 Rem	ision of	Standard Certificat	۵۱	State File	164
4-48 FEDERAL SECURI		Æ ₩ ''		-	OF STILLBIF	•	Local Reg	
PUBLIC HEALTH SER	SVICE D	U Ed		tate of		×111		No. 6 2 0
1. PLACE OF ST	- Friedrich	<u> </u>	, <u>N</u>	idie or				
a. COUNTY	 .	1111			2. USUAL RESID	PENCE OF M	DTHER (When b. COUNTY	e does mother live?)
L CITY -	eton			<u> </u>	a. STATE Ldc	inc		Teton.
OR TOWN		mita, write RURAL and	d give township)		C. CITY (If outside of TOWN	orporate limits, wr	te RURAL and give	e township)
c. FULL NAME OF HOSPITAL OR INSTITUTION		ton Val	ky Hosp	ocation)	d. STREET ADDRESS	of Jural, give	location)	· · · · · · · · · · · · · · · · · · ·
3. CHILD'S NAN ((Type or Print)			00		Butle	1		
4. SEX	5a. THIS I	BIRTH	· · · · · · · · · · · · · · · · · · ·	5b. IF T	WIN OR TRIPLET (This	child born) 6. D	ATE OF (Mon	th) (Day) (Year)
Female	SINGLE		TRIPLET	1ST [2ND	3RD S	TILLBIRTH Sex	1. 25 1955
7. FATHER'S NAME		a. (First)	,	b. (Midd		c. (Last)		8. COLOR OR RACE
		Jay		<u>Del</u>		Butle	V	Cohite-
9. AGE (At time of this	_	10. BIRTHPLACE	State or foreign count	ry)	11a. USUAL OCCUPAT		4 =	BUSINESS OR INDUSTRY
	ZYEARS	2019	13. Ido	tho-	Therch	ant -	Groce	ery Store -
12. MOTHER'S MAIDEN NAME		a. (First)	(b. (Midd	le)	c. (Last)		13. COLOR OR RACE
14. AGE (At time of this	11.05	1-102 C	State or foreign count		(Carlso		white-
-7 1	`	IS. BIRTHERACE	State or foreign count	ry)				(Do NOT include this child
17. INFORMANT	YEARS	(dira)	Like:		a. How many chil- dren are now living?	born alive but	children were are now dead?	c. How many OTHER children were stillborn
T ~	11	1/0	J. D.		2		n	(born dead after 20 weeks pregnancy)?
Jay De	11 k	aller -	1-atre		<i>ن</i> خر	<u> </u>	<i>'</i>	<u> </u>
18a. LENGTH OF PRE NAM 35. WEEKS		WEIGHT AT BIRTH LBS. 4 OZS.	19 Was a stu Approxim	andard nate dat	serological test i		performed?	Yes No
CAUSE OF STILL	BIRTH	20a. FETAL CAUSE				- -		
State only morbid co	onditions	Jack 1 C	venlation'	20	al due to	being w 1	gud are	wech the
causing fetal death (cuse such terms as 8 Prematurity, Asphyxi	do NOT tillbirth, la, etc.)	20b. MATERNAL C	AUSES			<i>-</i>	<i>ye</i>	and sunt
21. STATE ANY COMP	PLICATION	S OF PREGNANCY	AND LABOR	·	22. STATE ALL OPERA	ATIONS FOR DE	1 IVERY	
	9	zone				non		
I hereby certify		23a. ATTENDA	NT'S SIGNATI	URE	(Specify if M. I	D., midwife, or o	ther)	23b. DATE SIGNED
attended the birth child who was bor		Jal	Franch 1	C 7	aren ~	-0_		9-25-55
on the date stated		23c. ATTENDANT'S	ADDRESS	477	If NOT 24. SIGNA	TURE OF AUTH	ORIZED OFFICIA	L TITLE
at	_ m.	Drisis	Idah	<u> </u>	physician			
25a. BURIAL, CREM TION, REMOVAL (Speci	A- 25b.	DATE	25c. NAME OF C	EMETERY	OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)
Burial	"" Se	pt 25 195	D -10	995 -		Drigg	15.	Idaho.

PHS-797(VS) 4-48 FEDERAL SECURDICASE PUBLIC HEALTH SERVICE		ERTIFICATE (State File Local Reg.	No1.9
Division of	Vital Statistics	State of	Idaho		Reg. Dist.	No. 320
I. PLACE OF STILLBIR			a. STATE Ida			dom mother live?) Vashington
b. CITY (If outside corporate lin OR TOWN Weise		ve township)	c. CITY (If outside oo OR TOWN Wei		RURAL and give	township)
c. FULL NAME OF CH motin b HOSPITAL OR INSTITUTION Weis		1	d. STREET ADDRESS 638	(If rural, give lo	mercial	1
3. CHILD'S NAME ((Type or Print)	DAVID	ALLEN	BRAUN			
4. SEX 5a. THIS E		TRIPLET 1ST	WIN OR TRIPLET (This of	hild born) 6. DAT		(Day) (Year) -16-1955
7. FATHER'S NAME	a. (First) Musty	b. (Midd	E	c. (Last) Braun		8. COLOR OR RACE White
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (BL. ADTIL I	akota 9, 1917	11a. USUAL OCCUPAT Müsiciar		11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) Marion	b. (Midd	Beckn	c. (Last) lan		White
14. AGE (At time of this birth) 34 YEARS	MOSCOW,	ité or foreign country) Idaho	a. How many children are now living?	b. How many born alive but a		c. How many OTHER children were stillborn
17. INFORMANT	5 Bro	un	5	none		(born dead after 20 weeks pregnancy)? Hone
18a. LENGTH OF PREGNANCY WEEKS	MEIGHT AT BIRTH LBS. OZS.	¹⁹ Was a standard Approximate dat	serological test f te 6/25/5	or syphilis p 5	erformed?	YesX. No
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	Prematani	& with P.	rematu	1 Segan	ston , Placent
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAU	Jorahna	i Talbum	. الم	e dem	+ Hypertension
21. STATE ANY COMPLICATION	IS OF PREGNANCY A	ND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY NO	ne
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDAN	T'S SIGNATURE	1 Have	midwife, or other. M	D .	23b. DATE SIGNED 9-23-55
on the date stated above at 11:35P m.	23c. ATTENDANT'S A	2 dalo	attended by physician	TURE OF AUTHO		
25a. BURIAL, CREMA- TION, REMOVAL (Specify) Cremation	DATE 9-23-55	25c. NAME OF CEMETERY Northam-Jo	· · · · · · · · · · · · · · · · · · ·	Weiser	, Idaho	
DATE REC'D BY LOCAL REG. 9-23-55	ISTRAR'S SIGNATURE	rellon	26. EUNERAL DIRECT	Thomas		iser, Idaho

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PHS-797(VS)		;	C1949 Revision	of Standard Certifice	ile) Stat	e File No. 166
4-48 FEDERAL SECUR		VCY	POTIEVANTI	E OF STILLBI		l Reg. No. 370
PUBLIC HEALTH SE	EŖVICE	C. W.		of Idaho	Reg.	Dist. No. 334
I. PLACE OF S	TILLBIR	THE COLON	- 10		DENCE OF MOTHER	
a. COUNTY	4 DA	. kr. 001.3	Arra	a STATE	h COI	INTY
h CITY (If outside	ADA	THE PURPOS	dus towards.		AHO 5. COL	ADA
OR TOWN	DOTOR	mite, write RURAL and	give township)	OR	corporate limits, write RURAL	and give township)
a FULL NAME O	BUISE		ve street address or location		<u> </u>	
HOSPITAL OR INSTITUTION	(II not in i		re street address or location	ADDRESS	(If rural, give location)	
3. CHILD'S NA	ST.	ALPHONSUS		23	314 Woodlawn	
3. CHILD'S NA						
	D	ian e	Wand		**************************************	
4. SEX	5a. THIS I	BIRTH		IF TWIN OR TRIPLET (Th	ehild born) 6. DATE OF STILLBIRTH	(Month) (Day) (Year)
FEMALE	SINGLE		TRIPLET 151	T ZND L	3RD	OCT 2nd 1954
7. FATHER'S NAME	•	a. (First)	b. (M	(iddle)	c. (Last)	8. COLOR OR RACE
		Harry	Jo	seph	Wander	White
9. AGE (At time of the	his birth)	10. BIRTHPLACE (S	ate or foreign country)	11a. USUAL OCCUP		IND OF BUSINESS OR INDUSTRY
22	YEARS	Emmett.	Tda	Student		
12. MOTHER'S MAIDEN		a. (First)	b. (M	liddle)	c. (Last)	13. COLOR OR RACE
NAME		Eunice	Se	lma	Bonnell	WHITE
14. AGE (At time of the	his birth)	15. BIRTHPLACE (8				THER (Do NOT include this child)
22	YEARS	Delta. Co	lo.	a. How many chil dren are now living	b. How many children born alive but are now d	were c. How many OTHER lead? children were stillborn
17. INFORMAN	Г	1 1		dien ere nom name	DOLL STIVE DUT SEE HOW O	(born dead after 20 weeks
ils on	1/1/2	Vander		none	one	pregnancy)?
18a. LENGTH OF	REG- 18b.	WEIGHT AT BIRTH	19 Was a standa	rd semiopical test	for synhilis nerform	ned? Yes. L. No
WEEKS	MCY	LBS. OZS.	Approximate	date.	6.3.50	
CAUSE OF STIL	I DIDTH	20a. FETAL CAUSES	8 1		111	
State only morbid	conditions	·	Orefthe	salavos	is Letalis	2
causing fetal death	Stillbirth,	20b. MATERNAL CA	USES /	AL	A +	. 1
Prematurity, Asphy	ria, etc.)		1 ca	Chater;	Placenta	L
21. STATE ANY COM	PLICATION	S OF PREGNANCY	ND LABOR	22. STATE ALL OPE	RATIONS FOR, DELIVERY	
Late 4	regna	way Toxera	a:		Noue	
I hereby certif	fu that I	23a. ATTENDAN	T'S SIGNATURE	△ (Specity if M	. D., midwife, or other)	23b. DATE SIGNED
attended the birt	h of this	a fin	Louiseden	the Will	,	10.5.55
child who was be on the date state		23c. ATTENDANTS	ADDRESS	II NOT 24. SIGN	ATURE OF AUTHORIZED C	
at	m	512 n. 16	St. O.	attended by physician		
25a. BURIAL, CRE	M A- 25b.	DATE	25c. NAME OF CEMET	ERY OR CREMATORY	25d. LOCATION (City, to	own, or county) (State)
TION, REMOVAL (8pe	ecify)				Boise	Ideh o
Burial DATE REC'D BY LO	CAL REG	5 1955 ISTRAR'S SIGNATUR	st. John's	26. FUNERAL DIREC		ADDRESS
		A +				
10-1-5	J 1//	igrice !	armer	ischreaber-	McCann-Gibson-	D0126
		U		Yau	14 Yilson)



	RVICE N	CEIVEI 0V18 1955	JER HIFTOP	4 I E	Standard Certific OF STILLE Idaho	IRTH		Local Reg. Reg. Dist.		
PLACE OF S	Divisio	m of Vital Statis	tice		2. USUAL RES			HER (Where	does mother Valle	
a. COUNTY	lda				a. SIAIL	daho			yaıı.	э у
OR	oomonte H Boise	mite, write RURAL and g	give township)		c. CITY (If outsid OR TOWN	McCal		URAL and give	township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION		hospital or institution, giv Lukes Ho		cation)	d. STREET ADDRESS	(If rur	al, give loca	tion)		
CHILD'S NAI		BABY	GIRL ROS	3S						
SEX	5a. THIS]	5b. IF T	WIN OR TRIPLET (T	his child born)	6. DATE	RIRTH `	· · · · · · · · · · · · · · · · · · ·	7) (Year)
Female	SINGLE	X TWIN	TRIPLET	1ST L	2ND	3RD		0	st. 5	<u>, エソンン</u>
FATHER'S NAME		a. (First)	ì	o. (Midd	lle)	c.	(Last)		8. COLOR	
		FRATELIN		<u> 1</u>		ROSS	<u> </u>		Win	i te
AGE (At time of th	is birth)	10. BIRTHPLACE (St	ate or foreign country	7)	11a. USUAL OCCU	PATION	1	11b. KIND OF	BUSINESS	OR INDUSTRY
36	YEARS	Idaho			Truck M	echan:	ic	Lumbe		
MOTHER'S MAIDEN		a. (First)	1	b. (Mide	ile)	c.	(Last)		13. COLOR	OR RACE
NAME	÷	TEAH				CASSII	ΟY		. Wh:	<u>ite</u>
AGE (At time of the	is birth)	15. BIRTHPLACE (8	tate or foreign country	y)	16. CHILDREN PR	EVIOUSLY B	ORN TO T	HIS MOTHER (Do NOT inc	dude this child
26 INFORMANT	YEARS	Unknown			a. How many ch dren are now livin	nil- b. How ng? born al	many clive but are	hildren were now dead?	children v	any OTHER were stillborn after 20 weeks
lude E	Jun	12 (MINN	J. Bann	col of	U 2		1			one
a. LENGTH OF PR NA WEEKS	NCY	. WEIGHT AT BIRTH LBS. 075.	¹⁹ Was a sta Approxim		serological tes te	st for syp	ohilis pe	rformed?	YesX	No
AUSE OF STILL ate only morbid using fetal death e such terms as ematurity, Asphy	conditions (do NOT Stillbirth,	20a. FETAL CAUSES 20b. MATERNAL CA	none							
		Muss	etal A	ln	ihlun.	<u>Ovn</u>	hlit	2 1	HUNC	u, al
STATE ANY COM	MPLICATION /	NS OF PREGNANCY	AND LABOR	•	22. STATE AM O		FOR DELI	VERY/		,
I hereby certification that the state of the birth the state of the birth the state of the state	h of this	23a. ATTENDAN	T'S SIGNATU	IRE	(Specify if	M. D., midw	ife or other	er)	23b. DATE	signed 3/-53
rild who was be the data state	orn aeaa ed above L m.	23c. ATTENDANT'S	ADDRESS		If NOT 24. Side	GNATURE OF	FAUTHOR	IZED OFFICIA	L	TITLE
a. BURIAL, CRE ON, REMOVAL (Sp. TO MOV	MA- 25b	. date 0/5/55			y or crematory Seme tery	25d. LC 止, j	mett	city, town, or Idain	county)	(State)
ATE REC'D BY LO	REG.	GISTRAR'S SIGNATUR Newthe	Palme	U	26. FUNERAL DIF	ECTOR A	M.	mi	DRESS 1018	e, Ida
		1	-		CULTAINS	L'U L'ILIN	(i)	مدالا		

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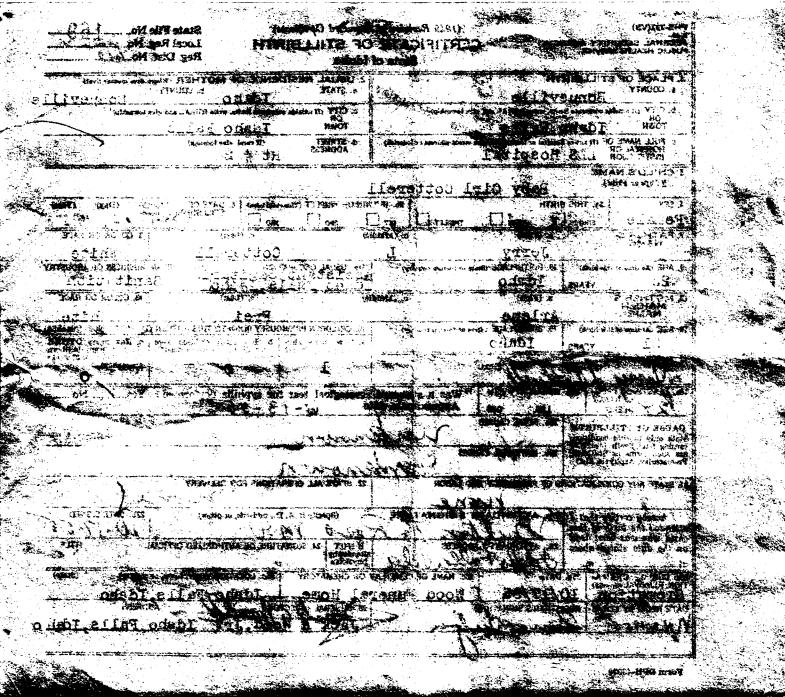
4-48 FEDERAL SECURITY, AGENCY, COLD CERTIFICATE OF STILLBIRTH Local Reg. No3.7.5											
PUBLIC HEALTH SE		T 8 1322	S	tate of				Re	g. Dist.	No. 37	<u> </u>
1. PLACE OF S a. COUNTY	ricius R Lda	(- Kital Statistice			2. USUAL RE a. STATE	side [da			R (Where	does mother liv	eT)
b. CITY (If outside OR TOWN	Bois	nite, write RURAL and a	give township)		c. CITY (If out OR TOWN		oise	a, write RURA	L and give	township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION	·	Lukes Ho		ocation)	d. STREET ADDRESS	13		apito	L Bl	vd•	
3. CHILD'S NAI ((Type or Print		DABY B	VIAH YO	EY							
4. SEX	5a. THIS E	BIRTH		5b. IF T	WIN OR TRIPLET	(This ch	aild born)	6. DATE OF STILLBIR	(Mon	th) (Day)	(Year)
Male	SINGLE		TRIPLET	1ST L	2ND	3	RD 📙		<u> </u>		1955
7. FATHER'S NAME		a. (First)		b. (Midd	le)		c. (I	Last)		8. COLOR O	
		LARRY				VIIA				Whi	
9. AGE (At time of the	is birth)	10. BIRTHPLACE (St	_		11a. USUAL OC	-	ION	l .		BUSINESS OF	RINDUSTRY
2\ <u></u>	YEARS	Seneca, S	<u>-Caroli</u>		Studer	nt_			3011	~~~	
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)		c. (I	Last)		13. COLOR (
NAME		ROSE		ELLE		a JE				l Whi	
14. AGE (At time of th	is birth)	15. BIRTHPLACE (8)	tate or foreign count	ry)	16. CHILDREN I					c. How man	
	YEARS	_ Boise,_	Idano,	1	a. How many dren are now li	ving?	born aliv	many childr e but are nov	dead?	children we (born dead a	re stillborn
17. INTORMAN	7/	/3/50	aprilots	lud.				0		pregnancy)?	1101 20 W 00A3
dany!	tana				<u> </u>			U		1 0	
18a. LENGTINOF PR NAI WEEKS	NCY	LBS. OZS.	¹⁹ Was a st Approxin		serological t te	est f	or syph	ilis perfo	rmed?	Yes.	. No
CAUSE OF STIL		20a. FETAL CAUSES	7		·1 /	. /	,				
State only morbid causing fetal death use such terms as	conditions (do NOT	20b. MATERNAL CA	ware	m c) he	M.					
Prematurity, Asplay	IIB, etc.)	Nou	u	(<i>'</i>						
21. STATE ANY COM	APLICATION	S OF PREGNANCY	AND LABOR		22. STATE ALL	OPERA	ATIONS FO	OR DELIVER	1		
			/our		1 Nou	<u> </u>	<u>. </u>				
I hereby certif		23a. ATTENDA	T'S SIGNAT	URE .	(Specify	H MA E)., midwife	e, or other)		23b. DATE S	
attended the birt		W. N.	() Per	wee	1 MI	$\underline{v}_{\underline{}}$				11-1-	
on the date state		23c. ATTENDANT'S		bo	If NOT 24. : attended by physician	SIGNAT	TURE OF	AUTHORIZE	OFFIC!A	L	TITLE
25a. BURIAL, CRE. TION, REMOVAL (Sp.	M A- 25b.	DATE	25c. NAME OF	CEMETER	Y OR CREMATOR	RY	25d. LOC	ATION (City	, town, or	county)	(State)
Burial	10	/29/55	Clover	dale	Memori		Park	Boi		Idaho	
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATUR	Faln	102)	G. ENERAL COLLEGE	IRECT	SR /	w	ng.	OISE,	<u>Idaho</u>
11-14-0 <u>-</u>					- Straward	5 1	UNLIN	AL HO.	ن اد		

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PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY

(1949 Revision of Standard Certificate) CERTIFICATE OF STILLBIRTH

PUBLIC HEALTH SERVICE	·	State of	Idaho	Reg. Dist	No. 610
1. PLACE OF STILLB		. 4		ENCE OF MOTHER (Whe	re does mother live?)
a. COUNTY Bons b. CITY (If outside corporate OR TOWN Ida)	neville	To atiatica	a. STATE	Idaho b. COUNTY	Bonneville
b. CITY (If outside corporate	limits, write BURAL and give	township) D	C. CITY (If outside ec	prporate limits, write RURAL and give	
TÖÜN Idal	10 Falls `.	a (1)	TOWN	Idaho Falls	
c. FULL NAME OF (If not	in hospital or institution in the Hospital	street address or location)	d. STREET ADDRESS	(If rural, give location) Rt # 2	
3. CHILD'S NAME			<u> </u>		
((Type or Print)	Baby Gir	l Cotterell			
4. SEX 5a. THI	S BIRTH	,5b. IF T	WIN OR TRIPLET ATLL	hild born) 6. DATE OF (Mor	nth) (Day) (Year)
	TWIN .	TRIPLET IST		skild born) 6. DATE OF (Moi	16,1955
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE
	Jerry	L		Cotterell	White
9. AGE (At time of this birth)	10. BIRTHPLACE (Stat	e or foreign country)	11a. USUAL OCCUPAT	Sanitarian S Sanitarian S	F BUSINESS OR INDUSTRY
25 YEAR		•	idaho Fall	s Idaho S	anitation
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE
NAME	Arlene			Frei	White
14. AGE (At time of this birth)	15. BIRTHPLACE (8tat	e or foreign country)		DUSLY BORN TO THIS MOTHER	
21 YEAR	s Idaho		a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	thull		1	9	(born dead after 20 weeks pregnancy)?
18a. ANGTH OF PREG-	b. WEIGHT AT BIRTH	^{19.} Was a standard	serological test	or syphilis performed?	Yes No
28 WEEKS	LBS. OZS.	Approximate dat	te 6-1	3-55	• • • • • • • • • • • • • • • • • • • •
CAUSE OF STILLBIRTE State only morbid condition		Dank)		
causing fetal death (do NO' use such terms as Stillbirth	20b. MATERNAL CAU	958	-wwit		
Prematurity, Asphyxia, etc.)	<u> </u>	rent	enown		
21. STATE ANY COMPLICATI	ONS OF PREGNANCY AN	D LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	
	- YV	ne		non	<u> </u>
I hereby certify that attended the birth of thi child who was born dea	1 1201	s signature	O (Specify if M. I	D., midwife, or other)	23b. DATE SIGNED 10-17-3-8
on the date stated above		elle, Ida	If NOT 24, SIGNA attended by physician	TURE OF AUTHORIZED OFFICIA	AL TITLE
25a. BURIAL, CREMA- 25 TION, REMOVAL (Speed(y)	b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town, o	r county) (State)
Cremation]	0/17/55	Wood Funer	al Home	Idaho Falls	Idaho
DATE REC'D BY LOCAL REG.	EDISTRAR'S SIGNATURE	li-u <	25. NUNERAL DISECT	A	DDRESS Falls Ideh o
1	/	7			



PHS-797(VS) 4-48 FEDERAL SECURITY AGEI PUBLIC HEALTH SERVICE	ncy (ERTIFICA	TE (Standard Certific DF STILLB Idaho		Loc	te File N al Reg. N . Dist. N	ю <u>Ц</u>
1. PLACE OF STILLBIR	TH	0012		2 USUAL RES	DENCE C			es mother live?)
a. COUNTY		1. 1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		a. STATE Id	laho	b. CO	^{иитү} Ве	ar Lake
b. CITY (If outside corporate li	mite, write RURAL and g	(ve township)		c. CITY (If outside	corporate lim	ita, write RURAI	and give to	wnship)
or Town Soda Spi	cings		j	OR TOWN	George	town		
c. FULL NAME OF (If not in HOSPITAL OR INSTITUTION Carit	ation)	d. STREET ADDRESS	(If rur	l, give location)				
3. CHILD'S NAME	oca ocarroj i	103p10a1						
((Type or Print)	Inf	ant Johns	son					
4. SEX 5a. THIS	BIRTH].	5b. IF T	VIN OR TRIPLET (TE	is child born)	6. DATE OF	(Month)	(Day) (Yes
Female single	TWIN 🗆	TRIPLET	1ST	2ND 🗌	3RD 🗌	STILLBIRT	H Oct.	10, 1955
7. FATHER'S	a. (First)	b	. (Middl	e)	с. (Last)	8	COLOR OR RACE
NAME	W.	Ŧ	Russe	TJ	J	ohnson		White
9. AGE (At time of this birth)	10. BIRTHPLACE (Sta	te or foreign country	<u> </u>	11a. USUAL OCCUP	PATION	11b. F	(IND OF B	JSINESS OR INDUST
31 YEARS	Georgetown			Farmer			Farmi	
12. MOTHER'S	a. (First)		. (Midd	 		Last)		COLOR OR RACE
MAIDEN NAME	Anna	~	Mar	-	Kess		1 "	White
14. AGE (At time of this birth)	15. BIRTHPLACE (8td						OTHER (De	NOT include this ch
00	Kansas Cit			a. How many chi	l- b. How	many childre		
17. INFORMANT Cernallar	is of Son	husan	<u> </u>	dren are now living	gt born ali	o buť are now		How many OTHI hildren were stillbo corn dead after 20 wee regnancy)?
18a. LENGTH OF PREG- NANCY 34 WEEKS	WEIGHT AT BIRTH LBS. OZS.	¹⁹ Was a star Approxima		serological test		ilis perfor	med? Y	es No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT	20a. FETAL CAUSES	Unkr	own					
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAI	Unknown						
21. STATE ANY COMPLICATION	NS OF PREGNANCY A	ND LABOR		22. STATE ALL OP	ERATIONS F	OR DELIVERY		
None	•		[Non	e		
I hereby certify that I	23a. ATTENDAN	T'S SIGNATU	RE	(Specify if M	i. D., midwii	e, or other)	2	b. DATE SIGNED
attended the birth of this			I	in 16	SUI			10-11-55
child who was born dead on the date stated above	23c. ATTENDANT'S		9	attended by	NATURE OF	AUTHORIZED	OFFICIAL	TITLE
<u>at m.</u>		ngs, Idal	20 I	physician				
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	DATE	25c. NAME OF CE	METERY	OR CREMATORY	25d. LOC	CATION (City,	town, or co	inty) (State
DATE REC'D BY LOCAL REG	ISTRAR'S SIGNATURE			26. FUNERAL DIRE	CTOR		ADDF	RESS

		·			æ	
				`		

Grace Cemetery

26. FUNERAL DIRECTOR

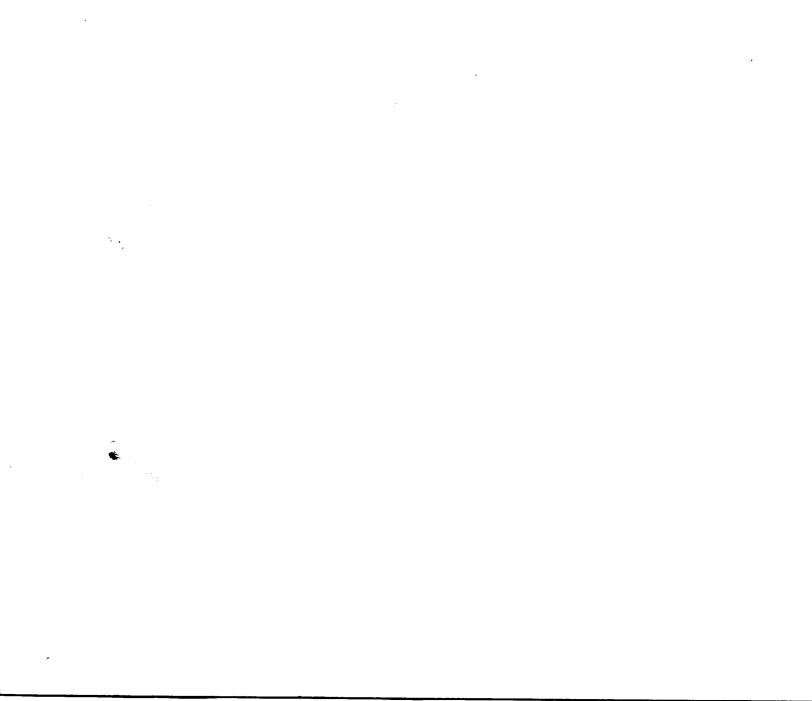
Grace. Idaho

Burial
DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

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		v.	
and the second s			

PHS-797(VS)			Standard Certificate		State File No	172
4-48 FEDERAL SECURITY AGENC	Y CE	RTIFICATE	OF STILLBIR	TH	Local Reg. No	17.71.)
PUBLIC HEALTH SERVICE		الا الاستام State of			Reg. Dist. No	419
1. PLACE OF STILLBIRT		Vital State	2. USUAL RESID	ENCE OF MO	THER (Where does	mother live?
a. COUNTY	Division	1 3/23 -	a. STATE	alo	b. COUNTY	11
b. CITY (If outside corporate limit	, write RURAL and give	township)	c. CITY (If outside eo	rporate limite, write	RURAL and give tow	oship)
TOWN Junta	м.		↑ OR TOWN	Olux	ert.	
c. FULL NAME OF (If not in hor HOSPITAL OR INSTITUTION		reet address or location)	d. STREET ADDRESS	(If rural, give loc	ation)	
3. CHILD'S NAME [(Type or Print)		Nen	Balm	(Can	lyn	may)
4. SEX 5a. THIS BIT	RTH	5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DAT	E Of (Month)	(Day) (Fear)
timale SINGLE	TWIN	TRIPLET 1ST	2ND	3RD	Syst.	30 1955
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8.	COLOR OR RACE
Jhu	man	Carl		Head	<u> </u>	white
0 /	io. BIRTHPLACE (State	or foreign country)	11a. USUAL OCCUPAT	ion	11b. KIND OF BU	SINESS OR INDUSTRY
12. MOTHER'S	a. (First)	b, (Midd	la)	c. (Last)	13	COLOR OR RACE
MAIDEN NAME	Idael	Franci		Combo	,	white
14. AGE (At time of this birth)	15. BIRTHPLACE (State		16. CHILDREN PREVIO	DUSLY BORN TO	HIS MOTHER (Do	NOT include this child)
25 YEARS	Springfile	l mo.	a. How many chil- dren are now living?	b. How many born alive but a	e now dead? ch	How many OTHER ildren were stillborn orn dead after 20 weeks
17. INFORMANT	· Plan	4	/	\mathcal{O}	pr	egnancy)?
Mumen	agrice	<u> </u>		 		
18a. LENGTH OF PREG- 18b. W CLL TERM. NANCY WEEKS 7	VEIGHT AT BIRTH 19 LBS. OZS.	Was a standard Approximate da	serological test i te.	or syphilis p	erformed? You	PS No
CAUSE OF STILLBIRTH 1	20a. FETAL CAUSES		-0 0	(1.	4	
State only morbid conditions	Kespe	ralmy to	eleene sea	us ur	Cenom	<u>~ ` ` </u>
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUS	•				
21. STATE ANY COMPLICATIONS	OF PREGNANCY AND		22. STATE ALL OPER	ATIONS FOR DEL	IVERY	
None			1 mon	_		
	23a. ATPENBANT	SSIGNATURE	(Specify if M.)	D., midwife, or oth	er) 23	b. DATE SIGNED
attended the birth of this	(lion)	Holum	u M	10	12	our 50
on the date stated above	23c, ATTENDANT'S AD	DRESS	If NOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIAL	TITLE
at m.	Justey	Holio	physician		·····	
25a. BURIAL, CREMA- 25b. I	DATE 2	c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION	(City, town, or cou	inty) (State)
Bureal 9-	30-1955	Olyput	Cemetry	1 Oto	pert	2 dala
5	TRAR'S SIGNATURE	${\mathscr D}$	26. FUNERAL DIRECT	ror <i>Q Q</i>	ADDR	iess (P
10-31-55 REG.	Ms Can	, Deinen	1 Oloda	up 10,00	vana	vingan
				/		



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						· m	٠.	. 1	73
PHS-797(VS) 4-48					Standard Certific	,	State Fil	e No	········
FEDERAL SECUP PUBLIC HEALTH SI		NCY			OF STILLE	IRTH	Local Re		[<u></u>
	•		Št	ate of	Idaho		Reg. Dist	t. No3.2	a
1. PLACE OF S	TILLBIF	RTH			2. USUAL RES	IDENCE O	MOTHER (Whe	ere does mother live?	')
	lmore				a. STATE Ide	iho	b. COUNTY	Elmore	
OR		inite, write RURAL and	i give township)		II OR	le corporate limit	, write RURAL and gi	ve township)	
TÖÜN MOU			- 		TOWN	Mounta	in Home		
		hospital or institution,		cation)	d. STREET (If rural, give location) ADDRESS				
3. CHILD'S NA		Memorial	Hospital		<u> </u>	5 East	8th North		
(Type or Prin	<i>t</i>)		£						
4. SEX	DAN 5a. THIS	ID MALONE	GEYER	EL 157	WIN OR TRIPLET		r pirror or		
					WIN OR TRIPLET (T		6. DATE OF (Mo STILLBIRTH Oct	nth) (Day)	(Year)
7. FATHER'S	SINGLE	a. (First)	TRIPLET []	ıst L o. (Midd	2ND	3RD [] c. (L	UCT	8. COLOR OR	
NAME		WALTE		R.	16)	- -	•		
9. AGE (At time of t	hie hirth)		State or foreign country		IIa. USUAL OCCU	GEYER		F BUSINESS OR	
, , , , , , , , , , , , , , , , , , ,	YEARS	1	lichigan	′′		r Force	F		INDUSTRY
12. MOTHER'S	1 EARS	a. (First)		o. (Midd	<u> </u>	c. (L		ir Force	DACE
MAIDEN		Bettie		Jane		Powe	•	White	RACE
14. AGE (At time of t	hie birth)		State or foreign country		16. CHILDREN PRI		N TO THIS MOTHER	1	e this child
,	YEARS	/	Michigan		a. How many ch dren are now livin	il- b. How r	nany children were	c. How many	OTHER
17. INFORMAN	Т,	00	WYPTIAE CIT		dren are now hym	gt Dorn snive	but are now dead?	children were (born dead after	stillborn r 20 weeks
ta	tin	L. De	100					pregnancy)?	
18a. LENGTH OF PE	REG- 18b.	WEIGHT AT BIRTH	19 Was a sta	ndard	serological tes	for synhi	lis performed?	Yes X	No
38 WEEKS		LBS. OZS.	Approxima	ate da	e m	velo 1	15.5	103.4 1	.10,
CAUSE OF STIL	LBIRTH	20a. FETAL CAUSE	was all	~4	Turein	* • • • • • • • • • • • • • • • • • • •			
State only morbid causing fetal death use such terms as	conditions (do NOT	13aw	<u> </u>	J1 60	102-10		_		
use such terms as Prematurity, Asphy	Stillbirth, xia, etc.)	20b MATERNAL C	AUSES AN C	~ M	etine a	Lastin	ala cent	2.	
		11 copem	ia aj c			9			
MOUL WAS	Ch	S OF PREGNANCY	AND LABOR MA	4	STATE ALL OP	ERATIONS FOR	DELIVERY		
- Contract	u Ve T	Charles 1	Double.		tow or	26000	ney		
I hereby certif attended the birti		On on the	NT'S SIGNATH	REC	(Specific A	I. D. midwife,	or other	236. DATE SIGI	NED
child who was bo	orn dead	TIVOLVOY	12 TH CY	بديم	AN Y	J007		Wex.	100
on the date state	ed above	23c. ATTENDANT'S	ADDRESS L		Bittended by	NATURE OF A	THORIZED OFFICI	AL	TITLE
25a BURIAL CREI	MA- 25b	DATE	250 NAME OF CE	WETERV	DR CREMATORY	105			
25a. BURIAL, CREI FION, REMOVAL (Sp. Removal	eify) 10	12/155	1				TION (City, town, o		(State)
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNATUR	Bay City	, MI			City, Mich		
3et 21-195	EG. A	FANOERSON	· / .		26. FUNERAL DIRE	CIUK C	4/	DDRESS	
	3 1/1/	THY ETSON	End a s	1	minu	Smi	Bey Mo	rtuary	
			mainey of	ys.			Mounta	in Home,	Idaho
Form DPH-48020									

PHS-797(VS) 4-48					ile No. 174
	FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE CERTIFICATE OF STILLBIRTH			RTH Local R	eg. No235
RECE State of Idaho					st. No44Q
1. PLACE OF STIL	LBIRTH NOV-	4 1955	2. USUAL RESID	ENCE OF MOTHER (W	(D) . 0
	orate limits, write RURAL and	rive township)	c. CITY (If outside or OR TOWN	proporate limite, write RUBAL and	give township)
	not in hospital or institution, giv	re street address or location)	d. STREET ADDRESS	(If rural kive location)	
3. CHILD'S NAME	r. Binidic	ts		Yusti	
((Type or Print)	EL	i N	Ch	ow there	
ا میر	THIS BIRTH	TRIPLET 1ST	WIN OR TRIPLET (This o	STILLBIRTH `_	(onth) (Day) (Year)
7. FATHER'S NAME	a. (First)	b. (Midd		c. (Last)	8. COLOR OR RACE
NAME	Raym	ond ter	vis	Crowther	auglo Salou
9. AGE (At time of this bir	th) 10. BIRTHP/ACE (St.	ate or foreign country)	11a. USUAL OCCUPAT	9.1.	OF BUSINESS OR INDUSTRY
12. MOTHER'S	a. (First)	b. Midd	l tærm	c. (Last)	13. COLOR OR RACE
MAIDEN NAME	gime	Lin	nea.	Reutlich	Quels Same
14. AGE (At time of this bir	th) IS BIRTHPLACE (St	ate or foreign country)		OUSLY BORN TO THIS MOTHE	R (Do NOT include this child)
17. UNPORMANT	EARS Chica	gr 20	a. How many children are now living?	b. How many children we born alive but are now dead?	' children were stillborn
Steem	el Crour	No.	3	•	(born dead after 2º weeks pregnancy)?
18a. LENGTH OF PREG-	18b. WEIGHT AT BIRTH	19 Was a standard	corological tost A	or syphilis performed	No. 2
40 WEEKS	6 LBS. 8 OZS.	Approximate da	te March	of syphias performed	! ies No
CAUSE OF STILLBIR State only morbid condi	10	0 - 00 1	+ 0 v P	0 0	1 -
causing fetal death (do I use such terms as Stillh Prematurity, Asphyxia, et	NOT 20b. MATERNAL CAL	uses pulled	regar in to	it around ne	ack 3X.
Prematurity, Asphyxia, et	te.)	<u> </u>	•		
21. STATE ANY COMPLIC	ATIONS OF PREGNANCY A	ND LABOR	22 STATE ALL OPERA	ATIONS FOR DELIVERY	
	nc		forces a	fliction	
I hereby certify the attended the birth of	this X	; - / /	(Specify if M. I	o., midwife, or other)	23b. DATE SIGNED
on the date stated at 3:15 % m	bove 23c. ATTENDANT'S	ADDRESS labo	If NOT 24. SIGNAT attended by physician	TURE OF AUTHORIZED OFFIC	
25a. BURIAL, CREMA- TION REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (City, town,	or county)
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	mungs	26. FUNERAL DIRECTO	OR DER	ADDRESS A
Oct. 28, 1955	Sister	M. Rose M.	Burdet	Tuneral A	mo- Shodine
					Idalio

PHS-797(VS) Dr. G. E		(1949 Revision of S CERTIFICATE (State File I Local Reg.	7		
PUBLIC HEALTH SERVICE		State of	Idabo		Reg. Dist. N			
a. COUNTY KOOtenai b. CITY (If outside corporate lim OR TOWN Coeur d c. FULL NAME OF (If not in he HOSPITAL OR Token	TH R	NOV- First Str.	a. STATE Wash		b. COUNTY	pokane		
b. CITY (If outside corporate lim OR TOWN COEUR d	its, write RURAL and g	Division of	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spokane					
c. FULL NAME OF (If not in bot	epital or institution, given like the control of th	l Hospital	d. STREET ADDRESS 270	(If rural, give loss 9 W. Sans				
3. CHILD'S NAME ((Type or Print) Infe	nt Boy Gme	iner						
4. SEX 5a. THIS B Male SINGLE 2		TRIPLET 1ST	WIN OR TRIPLET (This el	alld born) 6. DATE STILI	LBIRTH Oct	. 26 1955		
7. FATHER'S NAME	a. (First) lichard	b. (Middl B•	е)	c. (Last) Omei ner	1	8. COLOR OR RACE White		
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (Sta Spokane,	Washington	11a. USUAL OCCUPAT Administrat		Utter Mc			
12. MOTHER'S MAIDEN NAME ME	a. (First) arilyn	b. (Middi G•		c. (Last) Stolts		13. COLOR OR RACE White		
14. AGE (At time of this birth) 23 YEARS	5. BIRTHPLACE (84 Spokane,	Washington	a. How many children are now living?	b. How many c born alive but are	hildren were	c. How many OTHER children were stillborn		
17. MERINANT OB	Ine	Mer .	0	0		(born dead after 20 weeks pregnancy)?		
18a. LENGTH OF PREGNANCY NANCY WEEKS 8	LBS. Y OZS.	¹⁹ Was a standard Approximate dat		or syphilis pe 1955	rformed?	Yes X No		
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	Intracterio	e cardiac	arrest	Guse			
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA	none			Cova	compression		
21. STATE ANY COMPLICATION CENTRIC OF FHT	at 8cm di	lotation andy	22. STATE ALL OPERA	Epinio	tomy			
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDAN	(1)	wooil.	, midwife, or othe).	23b. DATE SIGNED 10-27-55		
on the date stated above at	Seen d'E	Hlene	physician h	TURE OF AUTHOR				
Z5a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	. 29, 1955	25c. NAME OF CEMETERY Forest Cem	etery	Coeur d	Alene	<u>Idaho</u>		
DATE REC'D BY LOCAL REGING REG	STRAR'S SIGNATURI	K. Brush	English Co		eur d'A	lene, Idaho		
			By. Billy	7. leuff				

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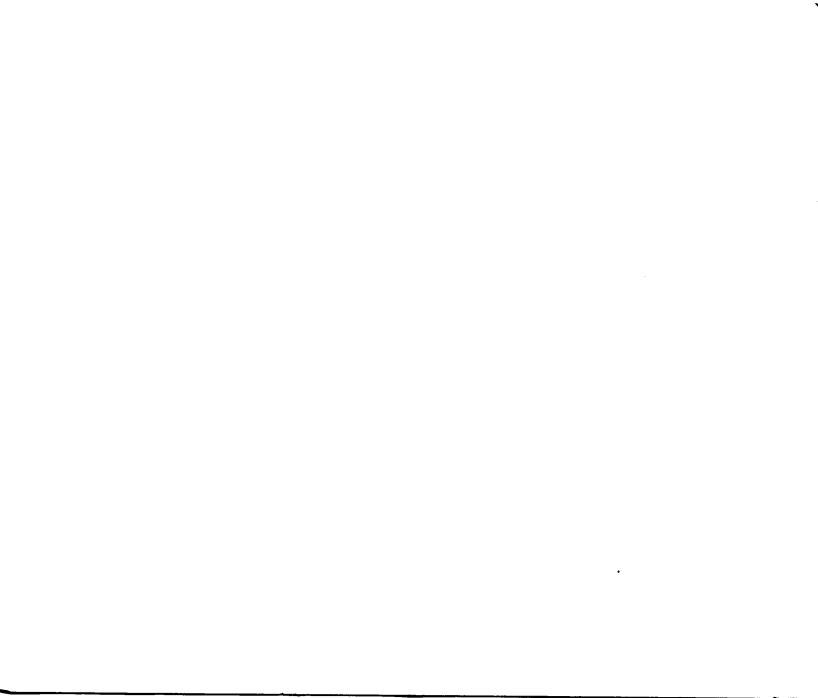
4-48 FEDERAL SECURITY	RECEIVE	21949 Revision of CERTIFICATE	Standard Certificate OF STILLBIR) State Fi TH Local Re	le No
PUBLIC HEALTH SERVIC	ェ MOAT 在 200	State of	Idaho	Reg. Dis	t. No
1. PLACE OF STIL a. COUNTY	Madison	usuu s		ENCE OF MOTHER (WA Laho b. COUNTY	
OR	porate limits, write RURAL and a	rive township)	OR TOWN	Rexburg	ive township)
HOSPITAL OR INSTITUTION	not in hospital or institution, give Madison Memo		d. STREET ADDRESS 46	O South 3rd	West
3. CHILD'S NAME ((Type or Print)		Johnson			
	THIS BIRTH	TRIPLET 1ST	WIN OR TRIPLET (This of		onth) (Day) (Year) ct. 22, 1955
7. FATHER'S NAME	a. (First) Gerald	b. (Midd O•		c. (Last) phnson	8. COLOR OR RACE White
9. AGE (At time of this bir 32	reh) 10. BIRTHPLACE (St. Archer,	ate or foreign country) Idaho	Auto Med	e ha n ic	OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) Cleo	b. (Midd	le)	c. (Last) Jones	White
		ate or foreign country)	a. How many children are now living?	b. How many children wer born alive but are now dead?	re c. How many OTHER children were stillborn
17. INFORMANT Gerald O	2. Johnson		3	2	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	¹⁹ Was a standard Approximate da		or syphilis performed	? Yes No
CAUSE OF STILLBI State only morbid cond causing fetal death (do use such terms as Still Prematurity, Asphyxia, o	NOT birth, 20b. MATERNAL CA	Sille	us ho	d 1'2 010	ne seider
Ruit	Trest Til	IND LABOR	Mesero	ATIONS FOR DELIVERY	um fildomed a
I/hereby certify the attended the birth of child who was born on the date stated of	this dead	ADDRESS	964 -12	D., midwife, or other	236. DATE SIGNED 10-25-25 TITLE
at	m. Sied	25c. NAME OF CEMETER	physician	25d. LOCATION (City, town,	or county) (State)
25a. BURIAL, CREMA- TION REMOVAL (Specify)	10/24/55	Cedar But		Annis,	Idaho
DATE REC'D BY LOCAL REG.		Hanim	26. FUNERAL DIRECT	Marin	ADDRESS Rexburg, Ida

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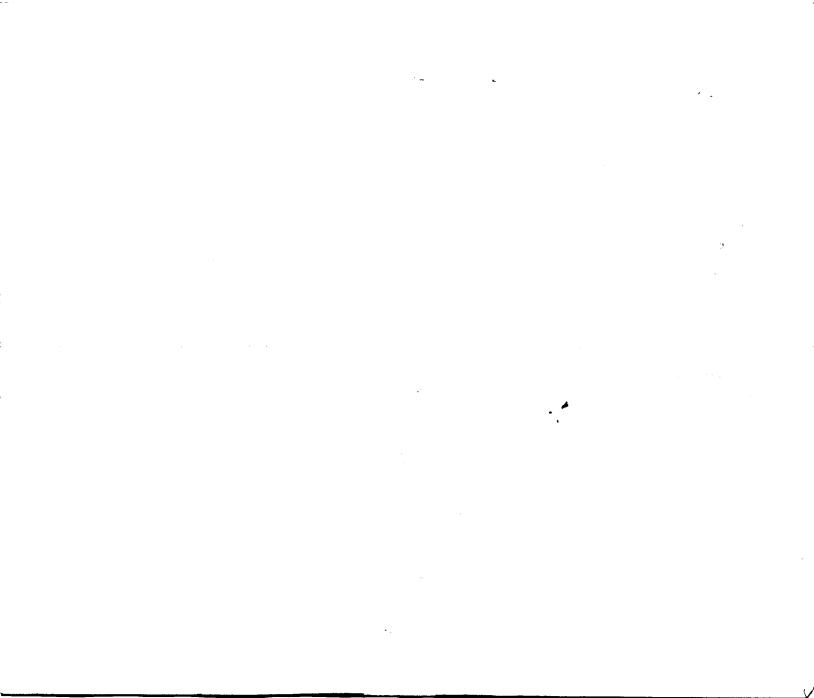
PHS-797(VS) 4-48 FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	122	`	TH Local Reg.	No. 177 No. 23 No. 450
1. PLACE OF STILLBIR a. COUNTY	TH who will see the see of the see	a. STATE	b. COUNTY	o does mother live?)
b. CITY (If outside corporate ling) OR TOWN	nits, write RURAL and give township)	c. CITY (If outside co OR TOWN	rporate limits, write RURAL and give	township)
c. FULL NAME OF CIT of has had been a supplied to the company of t	cepital or institution, give street address or location)	d. STREET ADDRESS	(If rughl, give location)	
3. CHILD'S NAME ((Type or Print)	aron Gallege	w. Lee	- Vallagao	Baby)
4. SEX 5a. THIS B	TWIN TRIPLET 1ST		BRD STILLBIRTH OC	8. 22 1955
7. FATHER'S NAME	a. (Airst) Lee	Jall	c. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) YEARS	10. TRTHPLACE (Maste or foreign country)	11a. USUAL OCCUPAT	11b. KIND OF	BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	2 (First) S. (Midd	ich	Hick	13. COLOR OR RACE
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign confery)	a. How many children are now living?	USLY BORN TO THIS MOTHER (b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT Sa	llegot	no	no	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY WEEKS	WEIGHT & BIRTH 19 Was a standard LBS. OZS. Approximate da	serological test i te	or syphilis performed?	YesNo
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES TO all	Ly mi	None know	J.M
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	· · · · · · · · · · · · · · · · · · ·	centa ev	revia with k	remorrhage
21. STATE ANY COMPLICATION	IS OF PREGNANCY AND LABOR		ATIONS FOR DELIVERY	,
Placenta rye	23a, ATTENDANT'S SIGNATURE	(Specific II M.))., midwife, or other)	23b. DATE SIGNED
I hereby certify that I attended the birth of this	Q I Dall), man my or or—a,	10/25/55
child who was born dead on the date stated above	23c. ATTENDANT'S ADDRESS	attended by	TURE OF AUTHORIZED OFFICIA	AL TITLE
25a, BURIAL, CREMA- 25b.	DATE 25c, NAME OF CEMETER	physician Y OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
TION REMOVAL (Redity) 10	-23-59 Ruper	Cemoty	Rugard	2 Idalo
DATE REC'D BY LOCAL REG	ISTRAR'S SIGNATURE	26. FLINERAL DIRECT	Short Al	Russel
				Idalo

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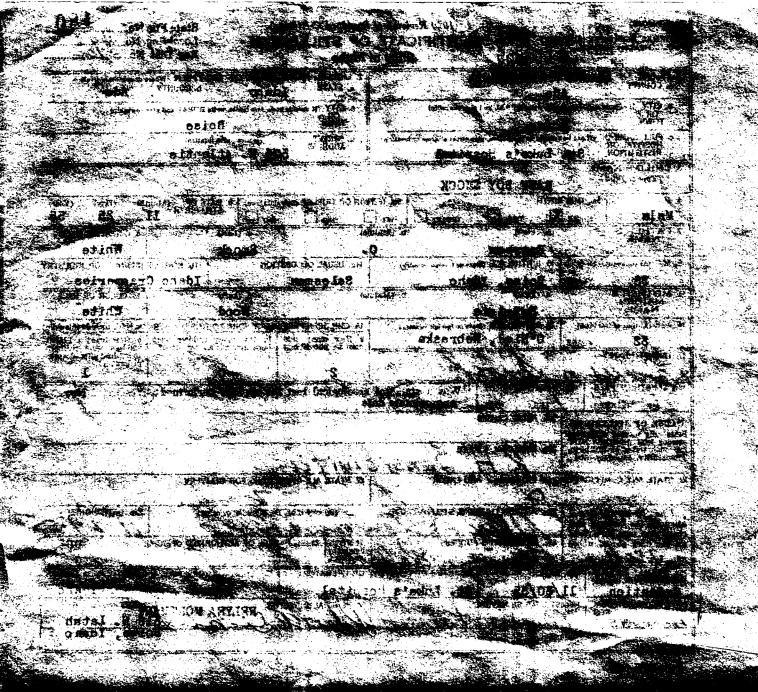
PHS-797(VS) 4-48		(1949 Revision of	Standard Certificat	le) S	tate File No	178
FEDERAL SECURITY AGE PUBLIC HEALTH SERVICE	NCY	CERTIFICATE	OF STILLBI	RTH L	ocal Reg. No	d/6
TODEIG TIENETTI GENYTGE		State of	Idaho	Ħ	leg. Dist. No	220
1. PLACE OF STILLBIR	етн 2	- VE	2. USUAL RESID	PENCE OF MOTH	IER (Where does mo	ther live?)
1165	erce	- ()	1	laks "	Cle	arwater
D. CITY (If outside corporate li	imite, write RURAL and)	tve township) 9 1333	CCITY (If outside of TOWN	orporate limits, write RU	RAL and give township	<i>)</i>)
a. COUNTY D. CITY (If outside corporate is OR TOWN C. FULL NAME OF (If not in HOSPITAL OR INSTITUTION ST. OR OTHER OF Print) 3. CHILD'S NAME M. Tyme or Print)	hospital or institution, give	e stroet address of focation)	d. STREET ADDRESS	(If rural, give location	on)	
3. CHILD'S NAME			· · · · · · · · · · · · · · · · · · ·			
H z y po or z rome,	Infant	Boy H	£ 162			
4. SEX 5a. THIS	<u>-</u> -	,5b. IF T	WIN OR TRIPLET (This	ehild born) 6. DATE C	F (Month) ((Day) (Year)
Mala single		TRIPLET 1ST	2ND	3RD	/0 -	7-55
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COL	OR OR RACE
	James 2		•	eg vs H		hita
9. AGE (At time of this birth)	10. BIRTHPLACE (St	ate or foreign country)	11a. USUAL OCCUPA	TION 11	b. KIND OF BUSINE	SS OR INDUSTRY
MYRCOTO YEARS		: 014			NO FOCE	
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd	lle)	Rosve's	13. COI	LOR OR RACE
14. AGE (At time of this birth)	15. BIRTHPLACE (St	ate or foreign country)		OUSLY BORN TO THIS		
17. INFORMANT		Laano	a. How many chil- dren are now living?	b. How many chil born alive but are n	ow dead? childre	v many OTHER n were stillborn lead after 20 weeks
Janie	Reavi	= Haves	4	6	pregna	
18a. LENGTH OF PREGNANCY WEEKS	LBS. OZS.	¹⁹ Was a standard Approximate da	serological test	for syphilis perf	ormed? Yes4	No
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	e -11	1 1 -	/-	100	
State only morbid conditions		argen	ro blad	esu	Selele.	<i>-</i> .
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CA	USES	ne	. 0		
21. STATE ANY COMPLICATION	NS OF PREGNANCY A	ND LABOR	22. STATE AL OPER	ATIONS FOR DELIVE	RY	
	Non	a estr		Old Tok Belite	•••	
I hereby certify that I attended the birth of this	23a. ATTENDAN	SIGNATURE	(Specifyli M.)	D., midwife, or other)	23b. DA	ATE SIGNED
child who was born dead on the date stated above	23c. ATTENDANT'S	ADDRESS	I NOT 24, SIGNA	TURE OF AUTHORIZE	D OFFICIAL	73/53 TITLE
at 7:50 a. m.	L.C. ATTENDANT ST	ADDRESS	attended by physician	TURE OF AUTHORIZE	D OFFICIAL	IIILE
TION, REMOVAL (Specify)	DATE	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION (Cit	y, town, or county)	(State)
DATE REC'D BY LOCAL REG	0 - / 3 - 5 5 1 ISTRAR'S SIGNATURE	Mormal	26 FUNERA DIRECT	L P CO 13	TO N ADDRESS	-dano
10-13-55 REG.	norman of signature	Richards	26. FUNERAL DIRECT	in C	weelne	Solabo
·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					



. 1	2 6	•	H - The Man	•	179		
PHS-797(VS) 4-48	PHS-797(VS) (1949 Revision			e) State	State File No.		
PUBLIC HEALTH SERVICE CERTIFICATE			OF STILLBIF	RTH Local	Local Reg. No. 28		
المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية		State of	Idaho	Dist. No. 6 2-0			
PLACE OF STILLBIR	TH		2 USUAL RESID	ENCE OF MOTHER	737		
a. COUNTY Jeton			a. STATE	, b. COUN	TY		
b. CITY (If outside corporate lis	nite, write RURAL and give	township)	C CITY (If outside a		panneville.		
TOWN			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Fulls.				
c. FULL NAME OF (Is do in)		net address or location)	d. STREET	(If rural, give location)			
INSTITUTION Tet	on Valley	Hospital.	ADDRESS	14 E. 13+1-			
3. CHILD'S NAME ((Type or Print)							
	no ma	me -		and			
4. SEX 5a. THIS E	BIRTH		WIN OR TRIPLET (This	child born) 6. DATE OF ((Month) (Day) (Year)		
Famale. SINGLE	TWIN .	TRIPLET 1ST	2ND	3RD STILLBIRTH	Oct. 14-198		
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	8. COLOR OR RACE		
	Ellis	ω	illiams	ard-	white.		
9. AGE (At time of this birth)	10. BIRTHPLACE (State of	r foreign country)	11a. USUAL OCCUPAT		D OF BUSINESS OR INDUSTR		
3/· YEARS	Rexhurg.	Tdoho-	Electricit	1			
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd	le)	c. (Last)	13. COLOR OR RACE		
NAME	Mary	Ellen	,	Hinds	white.		
14. AGE (At time of this birth)	15. BIRTHPLACE (State of	r foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTH	HER (Do NOT include this chil		
2 7. YEARS	Globe, Ari	zona	a. How many chil- dren are now living?	b. How many children v	Vere C How many OTHE		
17. INFORMANT			aren are now mankt	born alive but are now dea	(born dead after 20 week		
mary Ellen a	ud- mo	ther		•	pregnancy)?		
// NAMEY	WEIGHT AT BIRTH 19:	Was a standard	serological test f	or syphilis performe	d? Yes // No		
27WEEKS	LBS. OZS.	Approximate dat	te in	-55	_ · · · · · · · · · · · · · · · · · · ·		
CAUSE OF STILLBIRTH	20a. FETAL CAUSES		1/1				
State only morbid conditions causing fetal death (do NOT	·		<i>y</i> 0				
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphysia, etc.) 20b. MATERNAL CAUSES							
		solile K.	4 Milord	Jacker Inc.	om satabilis		
21. STATE ANY COMPLICATION	IONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY						
	*,		Bone	2			
I hereby certify that I	23a. ATTENDANT'S	SIGNATURE	Specify if M. I)., midwife, or other)	23b. DATE SIGNED		
attended the birth of this child who was born dead	and le	Varsen	10-17-55				
			23c. ATTENDANT'S ADDRESS II NOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE				
on the date stated above	23c. ATTENDANT'S ADD	RESS 1	If NOT 24. SIGNAT	OUT OF VOILOUITED OLD			
on the date stated above at m.	Driese	seliho 1	attended by physician	ONE OF NOTHONIZED OF			
	Driese	Tak. P	attended by physician	25d. LOCATION (City town	n, or county) (State)		
on the date stated above atm. 25a. BURIAL, CREMA- TION REMOVAL Specify) Column 1	DATE 250 1-15-55	NAME OF CEMETERY	or CREMATORY	25d. LOCATION (City town	Isla		
on the date stated above atm. 25a. BURIAL, CREMA- TION REMOVAL Specify) Column 1	Driese	NAME OF CEMETERY	attended by physician	25d. LOCATION (City town	ADDRESS.		



PHS-797(VS) 4-48 FEDERAL SECU PUBLIC HEALTH SE		nd VE	CERTIFI	evision of CATE	Standard Certificat OF STILLBII	e) RTH		. No. 40	
	ַ וובׁנ	316 J55		State of	i Idaho		Reg. Dist.	. No. 3.70	
1. PLACE OF a. COUNTY	XVISION .	TWital Stat	istics		2. USUAL RESID	DENCE OF MO		e does mother live	•?)
Ada				a. STATE I	daho	b. COUNTY	Ada		
b. CITY (If outside corporate limits, write RURAL and give township) OR				c. CITY (If outside o	orporate limita, write	RURAL and give	e township)		
TOWN Boise				TOWN	Во	ise			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Luke's Hospital				d. STREET ADDRESS 50	(If rural, give to				
3. CHILD'S NA ((Type or Print		BABY BO	Y SMOCK				·		
4. SEX	5a. THIS			5b. IF T	WIN OR TRIPLET (This	child born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Male	SINGLE		TRIPLET] 1ST [2ND	3RD STI	LLBIRTH 11		55
7. FATHER'S NAME		a. (First)		b. (Mide	lle)	c. (Last)		8. COLOR OF	RACE
		Emerso				Smock		Whit	•
9. AGE (At time of the			E (State or foreign cou	ntry)	11a. USUAL OCCUPA	TION		BUSINESS OR	
33	YEARS	Boise,	Idaho		Salesman		Idaho C	reemeri	
12. MOTHER'S MAIDEN NAME		a. (First)	• -	b. (Mide	lle)	c. (Last)		13. COLOR O	
14. AGE (At time of the	Li. Li.	Patri	C1& E (State or foreign cou		Lic city post spen	Wood		Whit	
32			. Nebraska	intry)	a. How many chil-	,			
17. INFORMANT	TERRO 1		dren are now living?	b. How many children were born alive but are now dead?		c. How many OTHER children were stillborn (born dead after 20 weeks			
Lane	sen	Sm	rek		2	O.		pregnancy)?	1
188 LENGTH OF PR NAI 26 WEEKS	NCY	WEIGHT AT BIR	··· ·· was a s	tandard mate da	serological test i	for syphilis p	erformed (Yes	No
CAUSE OF STILL State only morbid causing fetal death use such terms as	conditions	20a. FETAL CA							
use such terms as Prematurity, Asphy	Stillbirth, xia, etc.)	20b. MATERIJA		nsiz	fivity.				
21. STATE ANY COM	APLICATION	S OF PREGNAN	CY AND LABOR	1	22. STATE ALL OPER	ATIONS FOR DEL	IVERY		
		0		1/-		nou	٨,		
I hereby certifattended the birth	h of this	p. ATHO	DANT'S SIGNA	Le	Specify if M. I	D., mirwife, or oth	ner)	23b. DATE SIG	GNED 9-5
child who was bo on the date state	d above	28c. AT ENDAN	T'S ADDRESS	10	If NOT 24. SIGNA	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
at 930P.	m.	Doc	e To	Colo	attended by physician				
25a. BURIAL, CRESTION, REMOVAL (Spe	M A- 25b.	DATE	25c. NAME OF	CEMETER	OR CREMATORY	25d. LOCATION	(City, town, or	county)	(State)
Cremation	<u> </u>	/30/55	St. Luk	e's Ho	spital	Boi	50	I	daho
DATE REC'D BY LO	CAL REG	ISTRAR'S SIGNA	TURE		36. FUNERAL DIRECT	RELYEA	MORTUA	DRESS	
11-30-55	/	ruju	c / alm	seri f	Kobertal	web.	الالالما	18 N. Ta.	tah ah o
		······································				,			



PHS-797(VS) 4-48 FEDERAL SECURITY A PUBLIC HEALTH SERVICE	GENCY CE	TIFICATE State	of Standard Certificat : OF STILLBIF of Idaho			No. 36 No. 5/0	81 }
	Sannock	ics	2. USUAL RESID	ENCE OF MO	THER (Where	_	_
b. CITY (If outside corpor	ate limits, write RURAL and give to	waship)	c. CITY (If outside or		RURAL and give	Bannoc sownship)	:K
OR TOWN I	Pocatello Pocatello		II UK -	ocatello			
HOSPITAL OR	ot in hospital or institution, give stro Bannock Memorial		d. STREET ADDRESS	(If rural, give to			
3. CHILD'S NAME ((Type or Print)		BABY GIRL	SEEGRIST				
	HIS BIRTH		TWIN OR TRIPLET (This	child born) 6. DA	TE OF (Mon	th) (Day)	(Year)
Female sind	a. (First)	B. (Mi		c. (Last)	EEBÎRTH (MOR Sept	ember 1	19 و 1
NAME	Leonard	Amiel	•	Seegr	ist	Whit	
9. AGE (At time of this birth)			11a. USUAL OCCUPAT			BUSINESS OF	
70 YEA	Rs Van Tassle, V	yoming	Parts man			Auto W	
12. MOTHER'S MAIDEN	a. (First)	b. (Mi	ddle)	c. (Last)		13. COLOR C	R RACE
NAME	Shirley	Ann		Wardle		Whit	e:
14. AGE (At time of this birth)	15. BIRTHPLACE (State or	foreign country)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (Do NOT inclu	de this chil
16 YEA	RS Blackfoot, I	daho	a. How many children are now living?	b. How many born alive but a	children were re now dead?	c. How man children wes (born dead as	re stillborn
Shirley Ann &	Leonard A. See	grist	None	N	one	pregnancy)?	ie
18a. LENGTH OF PREGNANCY WEEKS	Nort LBS, do 160zs.	Vas a standar Approximate d	d serological test i late	or syphilis p	erformed?	YesX	No
CAUSE OF STILLBIRT State only morbid conditic causing fetal death (do Ni use such terms as Stillbir Prematurity, Asphyxia, etc	V118	P-rm	eatur SE	parati	in of	places	int
21. STATE ANY COMPLICA	TIONS OF PREGNANCY AND L	ABOR	22. STATE ALL OPER	ATIONS FOR DEL	IVERY/ V		
I hereby certify that attended the birth of the child who was born de	of reur	SIGNATURE	(Specify if M. I	O., midwife, or oth	er)	23b. DATE SI	GNED
on the date stated about 11:20 A. m.	ove 23. ATTENDANT'S ADDR	Eld.	If NOT 24. SIGNA attended by physician	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
TION DEMOVAL (0	256. DATE 25c. 25c. 25c. 25c. 25c. 25c. 25c. 25c.		RY OR CREMATORY ORI AL GARDENS	25d. LOCATION POCAT	. •	county)	(State)
DATE REC'D BY LOCAL 12-8-55 REG.	REGISTRAR'S SIGNATURE	allin	26. FUNERAL DIRECT			dress Idaho	
	1		(III) A	/X		5/0/	10/2 5
Form DPH-48020			Allen &	///////////////////////////////////////	nug	// >	.00 cl

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RECEIVED(1949 Revision of Standard Certificate) PHS-797(VS) State File No. FEDERAL SECURITY AGENCY 1 8 1955 CERTIFICATE OF STILLBIRTH Local Reg. No Reg. Dist. No. State of Idaho Division of Vital Statistics 1 PLACE OF S 2. USUAL RESIDENCE OF MOTHER (Where de mother live?) a COLINTY b. COUNTY b. CITY (If outs c. CITY (If outside limits, write RURAL and give township) OR TOWN TOWN c. FULL NAME OF OF street address or location) d. STREET (If rural, give location) HOSPITAL OR ADDRESS INSTITUTION 3. CHILD'S NAME !(Tupe or Print) 4 SEX 5a. THIS BIRTH 5b. IF TWO OR TRIPLET (This child born) 6. DATE OF DATE OF STILLBIRTH YOU (Month) (Day) (Year) SINGLE IST K TWIN K TRIPLET 2ND 3.3D 7 FATHER'S a. (First) b (Middle) 8. COLOR OR RACE c. (Last) NAME -10. BIRTHPLACE (State or foreign country) 9. AGE (At time of this takh) **USUAL OCCUPATION** 11b. KIND OF BUSINESS OR INDUSTRY 1.tal 12. MOTHER'S MAIDEN a. (First) 13. COLOR OR RACI NAME HPLACE (State or foreign country 16 CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 14. AGE (At time of this birth) a. How many chilb. How many children were c. How many OTHER dren are now living? born alive by are now dead? children were stillborn (born dead after 20 weeks 17. INFORMANT pregnancy)? 18a. LENGTH OF PREG-18b. WEIGHT AT BIRTH 19 Was a standard serologica philis performed? Yes. No..... pproximate date WEEKS CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERN Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OF ATIONS FOR DELIVERY I hereby certify that I (Specify if M. D. midwife, or other) attended the birth of this child who was born dead 24. SIGNATURE OF AUTHORIZED OFFICIAL II NOT TITLE attended by physician 25d. LOCATION (City, town, or county) (State) 25a. BURLAL, CREMA-REGISTRAR'S SIGNATURE **ADDRESS** TE REC'D BY LOCAL

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PHS-797(VS) 4-48 FEDERAL SECURIT FACENCE I VE DEI		State File No
DEC 21 1955	State of Idaho	Reg. Dist. No. 5 20-52
1. PLACE OF DELICATION OF Vital Statistics	2. USUAL RESIDENCE a. STATE	b. COUNTY
b. CITY (If outside perperate limits, write JURAL and give OR TOWN	c. CITY (If outside corresponding OR TOWN	nits, write RURAL and give township)
c. FULL NAME OF cract in troopital or that itution cive a HOSPITAL OR INSTITUTION	rot address location) d. STREET ADDRESS (If run	al, give location)
3. CHILD'S NAME ((Type or Print)	uto Smith	
4. SEX Male 5a. THIS BIRTH SINGLE SINGLE THIN W	5b. IF WIN OR TRIPLET (This child born) TRIPLET 1ST 2ND 3RD	6. DATE OF (Month) (Day) (Year) STILLBIRTH (Dot). 17 1955
7. FATHER'S HOUSE	John Smit	(Last) 8. COLOR OR RACE
9. AGE (At time of this birth) 10 SIRTHPLACE (State	Toloha	Morsato Chem.
12. MOTHER'S MAIDEN NAME MARE MARE	Q. Ami	(Last) 13. COLOB OR RACE
14. AGE (At time of this birth) 15. BIRTHELACE (State		ORN TO THIS MOTHER (Do NOT include this child) many children were c. How many OTHER
17. INFORMANT	dren are now living? born all	ve but are now dead? children were stillborn (born dead after 20 weeks
Marion J. Smit	k 3	pregnancy)?
WEEKS 2 LBS. / OZS.	Was a standard serological test for syp Approximate date $\int_{\mathcal{U}} \int_{\mathcal{V}} \mathcal{Z}$	hilis performed? Yes. X No
use such terms as Stillbirth, 20b. MATERNAL CAUS	ewaturty /	
Prematurity, Asphyxia, etc.)	. //	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND	LABOR 22. STATE ALL OPERATIONS F	FOR DELIVERY
I hereby certify that I attended the birth of this child who was born dead	S SIGNATURE (Specify if M. D., priffyri	fe, or other) 23b. DATE SIGNED 12 Sele 195-3-
or the date stated above 23c. ATTENDANT'S to	attended by physician	AUTHORIZED OFFICIAL TITLE
25a, 50 RIAL, CREMA- TIGH REMOVAL (Specify)	56. NAME OF CEMETERY OR CREMATORY 25d. LO	ATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26 FUNERAL PRECTOR A	ADDIMES

(48.4) Comes THE RESIDENCE OF THE PARTY OF T The state of the s WINDS OF BUILDING CHILDREN 1. 19.10 (14.10 1 torce a stage of Miles and 4 Same

PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE		NCY	CERTIFICATE	Standard Certificat OF STILLBIF		State File Local Reg	No. 159	
	•	NOV25	\mathbf{St} State of	Idaho		Reg. Dist.	No413	
1. PLACE OF S a. COUNTY	TILLE)	vision of Vital : 1 a	tatistics	2. USUAL RESID	DENCE OF MO	THER (Where	does mother live?) Minideka	
b. CITY (If outside OR TOWN	o corporate li	imite, write RURAL and	give township)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Heyburn				
c. FULL NAME O HOSPITAL OR INSTITUTION		hospital or institution, gi	ve street address or location)	d. STREET (If rural, give location) ADDRESS Rural				
3. CHILD'S NA ((Type or Print		Baby	Darley					
4. SEX	5a. THIS		5b. IFT	WIN OR TRIPLET (This	child born) 6. DAT	E OF (Mont	th) (Day) (Year)	
Female	SINGLE		TRIPLET IST _	2ND	3RD L	roi		
7. FATHER'S NAME		a. (First)	b. (Midd	lle)	c. (Last)		8. COLOR OR RACE	
		George	Woodre	9 W	Darley		White	
9. AGE (At time of the	is birth)	1	tate or foreign country)	11a. USUAL OCCUPAT	TION	11b. KIND OF	BUSINESS OR INDUSTRY	
<u> </u>	YEARS	Wellsvill	e, Utah	Farmer		Farmin	3 <u>e</u>	
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	lle)	c. (Last)		13. COLOR OR RACE	
NAME		Ileen			Wyatt		White	
14. AGE (At time of the	ie birth)	ſ	tate or foreign country)		·		Do NOT include this child)	
37 17. INF MANT	YEARS	Wellsvill	e, Utah	a. How many chil- dren are now living?	b. How many born alive but as	children were re now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
frong	R. C	el dar	leg	Three	None		One	
18a LENGTH OF PR NAI WEEKS	NCY	WEIGHT AT BIRTH LBS. OZS.	Was a standard Approximate da	serological test i		erformed? こりつい	Yes No	
CAUSE OF STILL State only morbid causing fetal death use such terms as		20a. FETAL CAUSES	melilia		8			
use such terms as Prematurity, Asphyr	Stillbirth, da, etc.)	20b. MATERNAL CA	USES					
21. STATE ANY COM	IPLICATION	NS OF PREGNANCY	AND LABOR	22. STATE ALL OPER	ATIONS FOR DELI	IVERY		
I hereby certify	y that I	23a. ATTENDAN	T'S SIGNATURE	(Specify if M. I	D., midwife, or oth	er)	23b. DATE SIGNED	
attended the birth		Xix	L Dea	•	as al		11-14-55	
on the date state		23c. ATTENDANT'S	ADDRESS	If NOT attended by physician	TURE OF AUTHOR	RIZED OFFICIAL	L TITLE	
25a. BURIAL, CREM TION, REMOVAL (8pe	MA- 25b.	DATE	NAME OF CEMETER	OR CREMATORY	25d. LOCATION	(City, town, or	county) (State)	
Removal	Ĭ <u>γ</u> .	v.1 9,1955	Wellsville Co	emetery	Wellsvi	lle,	Utah	
DATE REC'D BY LOCAL PROPERTY IN THE PROPERTY I	CAL REG	ISTRAR'S SIGNATUR	Lewen	26. FUNERAL DIRECT	OR Enllie h	Bur	DRESS ley, Idahe	
				,				

PHS-797(VS) 4-48 FEDERAL SECUR PUBLIC HEALTH SE	RVICE V	₩25	1955	(1949 Rev	ATE	OF STIL	rtificate LBIF	e) RTH	Loca	al Reg.	No. 20	8.5
	Division	n of Vie	10.		itate of	Idaho			veR	. Dist.	NO	
1. PLACE OF S	TILLBIR ootena		Statist	ics		2. USUAL a. STATE	resid Idaho	ENCE OF	MOTHER b. CO	R (Where	does mother live Kootena	i
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene					~	li or			, write RURAL	and give	township)	
October to March												
c. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital				d. STREET ADDRES			_{rive location)} Lace ^A v	e.				
3. CHILD'S NA [(Type or Print	1	у Воу	McClu	ıre								
4. SEX	5a. THIS I				5b. IF T	WIN OR TRIPL	El (This e	hild born) 6	DATE OF	(Mont	h) (Day)	(Year)
Male	SINGLE	Х т	WIN .	TRIPLET	1ST [] 2ND [٦	3RD	STILLBIRT	Nov	. 16	1955
7. FATHER'S		a. (First)		b. (Midd	Je)		c. (La	ist)		8. COLOR OF	RACE
NAME		John					N	4cClure	е		India	n
9. AGE (At time of the	his birth)	10. BIRTH	IPLACE (St	ate or foreign count	ry)	11a, USUAL (OCCUPAT	ION	11b. K	IND OF	BUSINESS OR	INDUSTRY
40	YEARS	Mon	tana			Steel	Worke	er	Co	nstr	u ct ion	
12. MOTHER'S MAIDEN		a. (First)		b. (Midd	le)		c. (Le	ust)		13. COLOR O	R RACE
NAME	. A	lvina		Beat	rice			Todd		}	White	
14. AGE (At time of the	his birth)	15. BIRTI	IPLACE (St	ate or foreign count	try)	16. CHILDRE	N PREVIO	DUSLY BORN	N TO THIS MO	OTHER (I	Do NOT includ	le this child)
33	YEARS	Mon	tana			a. How man dren are now	y chil- living?	b. How no born alive	any children but are now	were liesd?	c. How many children wer (born dead aft	e stillborn
John Mc						2		2			pregnancy)?	
18a. LENGTH OF PRINA NA WEEKS	NCY	WEIGHT A LBS.	T BIRTH OZS.	¹⁹ Was a st Approxin	andard n ate da	serological te	test f	or syphil	is perfor	ned?	Yes	No
CAUSE OF STIL	conditions	20a. FETA	L CAUSES	thro f	las	tasis	- 1	ita	lis à	·m	traut	ingi
causing fetal death use such terms as Prematurity, Asphy	Stillbirth, xia, etc.)	20b. MAT	ERNAL CA	USES RH	† {	sens	it	in			den	
21. STATE ANY COM	APLICATION	S OF PRE	GNANCY A	ND LABOR		22. STATE AL	L OPERA	ATIONS FOR	DELIVERY			***
I hereby certif attended the birt child who was be	h of this	23a. AT	W AN	T'S SIGNAT	URE	(Special	M.I	midwife,	or other)	i	23b. DATE SIG	~ _ ~
on the date state	ed above	23c. ATTE	NDANT'S	ADDRESS		If NOT 24 attended by physician	. SIGNAT	TURE OF AL	JTHORIZED (OFFICIAL	-	TITLE
25a. BURIAL, CRE TION, REMOVAL (8px Removal—Bur		date L -1 6-1	.955	25c. NAME OF C					rion (city, i Ignati		_{sounty)} Mont	(State) ana
DATE REC'D BY LO		STRAR'S S	SIGNATURE	K. Bru	(sh)	26. FUNERAL		Pish	Coet		Alene,	Idaho

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PHS-797(VS) 1-48 FEDERAL SECUR PUBLIC HEALTH SE	AL SECURITY AGENCY VE CERTIFICATE OF STILLBIRTH						State File : Local Reg.	No	46	
	DE	.C 8 19 5 5	S	tate of	Idaho			Reg. Dist.	NO	<i>x.su</i>
1. PLACE OF S a. COUNTY	TILLING	THE Vital Stati Latah	stice		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Latah					ive?)
b. CITY (II outside OR TOWN		mite, write RURAL an	d give township)		c. CITY (If outside OR TOWN MC	ie eorporate lin	aits, write R	URAL and give	township)	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Grit, man Hospital				ocation)	d. STREET ADDRESS		al, give loca	tion)		
3. CHILD'S NA (Type or Print	ME t)	Baby Boy R								
4. SEX	5a. THIS I			5b. IF T	WIN OR TRIPLET (T	his child born)	6. DATE	OF (Mont		
Male	SINGLE	X TWIN	TRIPLET .	1ST		3RD	3112	Nov	17	1955
7. FATHER'S NAME		a. (First)		b. (Midd	lle)	c.	(Last)		8. COLOR	OR RACE
NAME		Frederick				Rin	ehart	;	Whit	e
9. AGE (At time of t	his birth)		(State or foreign count	ry)	11a. USUAL OCCU	IPATION	ī	11b. KIND OF	BUSINESS (OR INDUSTRY
30 YEARS Wisconsin			salesman			Sewine	machi	nes		
2 MOTHER'S a. (First) b. (Midd				c.	(Last)		13. COLOR	OR RACE		
MAIDEN NAME Leone				Stall	man		White	1		
14. AGE (At time of t	hie birth)		(State or foreign count	ry)	16. CHILDREN PR			HIS MOTHER (
26	YEARS	Colora			a. How many cl dren are now livin	hil- b. How born al	b. How many children were c. How many children were children were children were children were conditions.		any OTHER vere stillborn after 20 weeks	
17. INFORMAN					1		pregnancy		?	
		<u>Rinehart</u>			1 2	0				0
18a. LENGTH OF PI NA 40 WEEK	NCY	WEIGHT AT BIRTH	Annousin		serological tes ite	st for syp	hilis pe	rformed?	YesX	No
CAUSE OF STIL	conditions	20a. FETAL CAUS	es None							
causing fetal death use such terms as Prematurity, Asphy	(do NOT Stillbirth, /xia, etc.)	20b. MATERNAL	causes Prema	ature	separatio	n of t	he pl	acenta		
21. STATE ANY CO	MPLICATIO	NS OF PREGNANCY	ANDLABOR		22. STATE ALL O					
Premature	sepas	ation of r	lacenta	/	High fo	rceps	deliv	e r y		
I hereby certi				URE/	(Specify if	M. D., midw	ife, of the	er)	23b. DATE	
attended the birt	th of this				11140		W.	İ	11-25	- 55
child who was b on the date stat		23c. ATTENDANT	S ADVINCES		I NOT 24. Significant Strength 24. Significant	GNATURE OF	AUTHOR	IZED OFFICIA	L	TITLE
at 6:00		lios cow,	//		attended by physician					
25a. BURIAL, CRE		DATE		CEMETER	Y OR CREMATORY	25d. LC	CATION (City, town, or	county)	(State)
tion, removal (s. Burial	pecify)	1-18-1955	Mosco	w Ce	metery		Mosco	W		Idaho
DATE REC'D BY LO	OCAL REG	ISTRAR'S SIGNATI			26. FUNERAL DIF	RECTOR		AD	DRESS	
15/5/50	REG.	Sin &	Mund		David R.	Tate		Mosco	w. Ida	aho
1 al al al	10	WWW ROW	- Marie							
			U							

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PHS-797(VS) REC	CIVED (1949	Revision of Stande	ard Certificate))	State File No	187
FEDERAL SECURITY AGE	CERTII	FICATE OF	STILLBIR	TH	Local Reg. No	149
		State of Idab	10		Reg. Dist. No	
1. PLACE OF STYLES	Vital Statistics	2. US	UAL RESIDE	NÇE OF MOT	HER (Where Goes II	nother lim?)
2 ko		a. S	STATE 16	aho '	O. COUNTY	OSLAND
b. CITY (If outside corporate li	mits, write RURAL and give sownship)	c. C	OR coutside corp	porate limits, write R	URAL and give townsh	ip)
TOWN Walla	Lee. 10ahu	T	OWN TY	·ullan)	
INSTITUTION	hospital or institution, give street address	or location) d. S NIC	DDRESS TO	(If rural, give local	tion)	
3. CHILD'S NAME ((Type or Print)	Valter 3	Dale 1	Clay	Pool		
4 SEX 5a. THIS SINGLE		5b. IF TWIN OR	TRIPLET (This chi	orn) 6. DATE STILL	OF (Month) BIRTH LOV	(Day) (Year)
7. FATHER'S	a. (First)	b. (Middle)	<u>(0</u>	c. (Last)		LOR OR RACE
9. AGE (At time of this birth)	0. BIRTHPLACE (State or foreign		SUAL OCCUPATION		1b. KIND OF BUSIN	IESS OR INDUSTRY
23 YEARS	Darter Str. 1	ans.			MIN	
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	CW.	c. (Last)		OLOR OR RACE
14. AGE (At time of this birth)	BIRTUPLACE (State or foreit	16. Ch		JSLY BORN TO TH	IS MOTHER (Do NO	Tinclude this child)
YEARS YEARS	capula a.		w many chil- ire now living?	b. How many ch born alive but are	now dead? child:	ow many OTHER ren were stillborn
7. INFORMANT	J. Clarkon	e gr	2	C) (born	dead after 20 weeks
18a. LENGTH-OF PREG- 18b.		standard serolo	gical test fo	r syphilis per	formed? Yes.	No
23 WEEKS 4	020, 1	oximate date	up	ril 1	953	· · · · · ·
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES		0			
causing fetal death (do NOT use such terms as Stillbirth,	20b. MATERNAL CAUSES					
Prematurity, Asphyxia, etc.)	Λ	UPTID	DLA	ACENT	TAF	
21. STATE ANY COMPLICATION	S OF PREGNANCY AND LABOR			TIONS FOR DELIV	ERY	-
Nor	1e		<i>N</i>	one		
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDANT'S SIGN	ALMIA	(Specify if M. D.	, midwife, or other) 23b. I	-14-55
on the date stated above	23c. ATTENDANT'S ADDRESS	If (NO	T 24. SIGNATU	JRE OF AUTHORIZ	ZED OFFICIAL	TITLE
at _ A _ m.	Wallace, L	de ko physic	ian			
25a. BURIAL, CREMA- 25b. TION-REMOVAL (Specify)	أ م	OF CEMETERY OR CI	_	25d. LOCATION (C	City, town, or county	. //
DATE REC'D BY LOCAL T REG	ISTRAR'S SIGNATURE -		NERAL PARECTO	Wallse	ADDRESS	JAMO O
20014.1951 -4	Pale I Can	ell A	NERAL PIRECTO	or well	uhlla	3 daho
7	nl	ys pe			- uncer	
		·	·			

FEDERAL SECURITY SERVED STATE OF STILLBIRTH State of Idaho Reg. DISt. No	PHS-797(VS) REC	EIVED	(1949 Revision of A	Standard Certificate		File No. 188
1. PLACE OF STATEMENT AND A COUNTY Should be county of the	FEDERAL SECURITY AGEN	اور پارکار CE			TH Local	Reg. No.
B. COUNTY	D:	4 770	State of	Idaho	Reg. 1	Dist. No
a. STATE D. CITY (I) outside corporate limits, write RUITAL and give sponship TOWN C. FULL, NAME OF (I) trans in benginal or institution, give rece solution of the strength		THE TOTAL STREET		2. USUAL RESID	ENCE, OF MOTHER	(Where mother live)
b. CITY (If contaids components limits, write RURAL and give township) TOWN C. FULL NAME OF (It not in bepoint or institution, either free victory or location) INSTITUTION C. FULL NAME OF (It not in bepoint or institution, either free victory or location) INSTITUTION C. FULL NAME OF (It not in bepoint or institution, either free victory or location) INSTITUTION C. FULL NAME OF (It not in bepoint or institution, either free victory or location) INSTITUTION C. FULL NAME OF (It not in bepoint or institution, either free victory or location) INSTITUTION C. FULL NAME OF PINIT C. FULL NAME OF PINIT C. FULL NAME OF PINIT C. FULL NAME OF PINIT C. FULL NAME OF PINIT C. FULL NAME OF PINIT C. CITY (If contaids components limits, sylite RURAL and give township) C. FULL NAME OF PINIT C. FULL NAME OF PINIT C. FULL NAME C. CITY (If contaids components limits, sylite RURAL and give township) C. FULL NAME OF PINIT C. CITY (If contaids components limits, sylite RURAL and give township) C. FULL NAME OF PINIT C. FULL NAME OF PINIT C. CITY (If contails components limits, sylite RURAL and give township) C. FULL NAME OF PINIT C. CITY (If contails components limits, sylite RURAL and give township) C. FULL NAME OF PINIT C. FULL NAME OF PINIT C. FULL NAME OF PINIT C. CITY (If contails components limits, sylite Available of Contains) C. FULL NAME OF SULL NAME OF PINIT AND CONTAINS OF		shone		a. STATE	b. COU	ITY
C. FULL NAME OF (It and in bepoint or institution) A COUNTY OF PRESENTING OF PRESENTING OF PRESENTING OF PRESENTING OF PRESENTANT OF PRESENTING OF PRESENTANCY AND LABOR OF PRESENTING O	OR 4 \ 1	1	ownship	c. CITY (If outside con	porate limite, write RURAL a	
A. SEL SA. THIS BIRTH SINCE (Type or Print) 4. SEL SA. THIS BIRTH SINCE (Type or Print) 7. FATHER'S NAME 9. AGE (At type of Dist birth) VEARS 10. (Birth) Company (Middle) Co. (Last) String of Dist birth of String of Dist birth of String of Dist birth of Dist birth of this schild who was born dead of Dist birth of this birth of this birth of this birth of this birth of this birth of this birth of Dist birth of this birth of this birth of this birth of this birt		,			nullaw	
4. SEX 5a. THIS BIRTH Sh. IF TWIN OR TRIPLET 15T 7RD 1.70 6. DATE OF Month) (Day) (Year) 7. FATHER'S a. (First) (Middle) (Middle) (Middle) (C. (Last) (Last) (Last) (Last) (Middle) (Middl	c. FULL NAME OF (II not in I	lospital or institution, give fr	ret address or location)	d. STREET ADDRESS	3 a a l	
58. THIS GIRTH SD. IF TWIN OR TRIPLET (Tabe child born) STILLBIRTH		ma Sh	A Y240	Wea:	therbu	
7. FATHER'S 9. AGE (At time of this birth) 10. BIRTHPLACE (State of Long country) 12. MOTHER'S NAME 14. AGE (At time of Line birth) 15. BIRTHPLACE (State of Long country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) 17. INFORMANT 18. Lever are now living? 20. Lever are now living? 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23. ATTENDANT'S SIGNATURE 18. Lever are now living? 24. SIGNATURE of AUTHORIZED OFFICIAL 25. Lever are now living? 26. Living are now dead? 27. Lever are now living? 28. Lever are now living? 29. DATE SIGNED 11. NOT. 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY 23. ATTENDANT'S SIGNATURE 18. Lever are now living? 24. SIGNATURE of AUTHORIZED OFFICIAL 18. Lever are now living? 28. Lever are now living? 29. DATE SIGNED 18. Lever are now living? 20. DATE SIGNED 18. Lever are now living? 20. DATE SIGNED 18. Lever are now living? 22. STATE ALL OPERATIONS FOR DELIVERY 23. STATE ALL OPERATION (City, myn. or county) 24. SIGNATURE of AUTHORIZED OFFICIAL 25. Lever are now living? 26. Living are now dead? 27. Lever are now living? 28. Location (City, myn. or county) 28. Lever are now living? 29. Location (City, myn. or county) 29. Location (City, myn. or county) 29. Location (City, myn. or county) 29. Location (City, myn. or county)	4. SEX 5a. THIS is	BIRTH		VIN OR TRIPLET (This et	nild born) 6. DATE OF	(Month) (Day) (Year)
9. AGE (At time of this birth) 10. GBITHPLACE (State or Long country) 12. MOTHER'S NAME 14. AGE (At time of this birth) 15. BBITHPLACE (State or Long country) 16. (State or Long country) 17. INFORMANT 18. LENGTH OF PREG. 18b, WEIGHT AT, BIRTH 19 Was a standard serological test for syphills performed? Yes	SINGLE	X TWIN .	TRIPLET 1ST	2ND 3	STILLBIRTH	Nov 20 - 194
9. AGE (As time of this birth) YEARS 10 (SISTHPLACE (State or Lower country) 12. MOTHER'S NAME 14. AGE (As time of this birth) YEARS 15 (SISTHPLACE (State or Lower country) 16. (List) 17. INFORMANT 18. (Pirst) YEARS YEARS YEA		a. (First)	(Middl			
9. AGE (At time of this birth) YEARS YEARS 12. MOTHER'S NAME 14. AGE (At time of this birth) YEARS 15. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 17. INTERMANT 18. Thereby certify that I attended the birth of this child was born dead on the date stated above at the control of the date stated above at the control of		Willie	(O)	1	<i>Deatherb</i>	y W
12. MOTHER'S NAME 14. AGE (At time of this birth) VEARS 15. (BITHPLACE (State or fowlor country) VEARS 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children were born alive but are now dead? 17. INFORMANT VEARS 18. VEIGHT AT BIRTH 19 Was a standard sevolosical test for syphills performed? Yes	20		\mathcal{O}	-		
14. AGE (At time of this birth) 15. SPTHPLACE (State or tortic country) 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children were born alive but are now dead? 17. INFORMANT 18. WEIGHT AT BIRTH 19 Was a standard serological test for syphilis performed? Yes						
17. INFORMANT 18. LENGTH OF PREG. NANCY NANCY LBS. HO2S. Approximate date CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20. MATERNAL CAUSES 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR I hereby certify that I attended the birth of this child who was born dead on the date stated above at the control of this child who was born dead on the date stated above at the control of the child who was born dead on the date stated above at the control of the child who was born dead on the date stated above at the control of the child who was born dead on the date stated above at the control of the child who was born dead on the date stated above at the control of the child who was born dead on the date stated above at the control of the child who was born dead on the date stated above at the control of the child who was born dead on the date stated above at the control of the control of the child who was born dead on the date stated above at the control of the child who was born dead on the date stated above at the control of the child who was born dead on the date stated above at the control of the control of the child who was born dead on the date stated above at the control of the con	MAIDEN	Wanda	1		arnal	ω
17. INFORMANT 18k* LENGTH OF PREG- NANCY WEEKS CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT) 20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR I hereby certify that I attended the birth of this child who was born dead on the date stated above at	14. AGE (At time of this birth)	15 BIPTHPLACE (State of	or (orden country)			
186 LENGTH OF PREGNANCY SUBJECT AT BIRTH 19 Was a standard serological test for syphills performed? Yes		licher	UKIA	a. How many children are now living?	b. How many children born alive but are now de	ad? children were stillborn
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT) use such terms as Stillbirth, Prematurity, Asphyria, etc.) 20b. MATERNAL CAUSES 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY Amon Age I hereby certify that I attended the birth of this child who was born dead on the date stated above at	Vallie le	Leatherly	F	2	٥	(Dorn dead after 20 weeks pregnancy)?
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT) use such terms as Stillbirth, Prematurity, Asphyria, etc.) 20b. MATERNAL CAUSES 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY Amon Age I hereby certify that I attended the birth of this child who was born dead on the date stated above at		WEIGHT AT BIRTH 19	Was a standard	serological test f	or syphilis perform	ed? Yes No
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20b. MATERNAL CAUSES Prematurity, Asphyxia, etc.) 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY Amovia 2 1 hereby certify that I attended the birth of this child who was born dead on the date stated above at 23a. ATTENDANT'S SIGNATURE - (Specify If M. D., midwife, or other) 23b. DATE SIGNED 1/- 2/- 5 5 1 INOT attended by physician 23c. ATTENDANT'S ADDRESS 1 INOT attended by physician 25f. BURIAL, CREMA- 15b. DATE 25c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, wm, or county) 25d. LOCATION (City, wm, or county) 25d. LOCATION (City, wm, or county) 26d. JUNEAL DIRECTOR ADDRESS		LBS. TOOZS.	Approximate dat	e Opri	155	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY Armon have I hereby certify that I attended the birth of this child who was born dead on the date stated above at a m. 23a. ATTENDANT'S SIGNATURE 23b. DATE SIGNED 1/- 2/- 5-5 11 NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE 25c. MME OF CEMETERY OR CREMATORY 25d. LOCATION (City, wwn, or county) DATE REC'D BY LOCAL REGISTRANS SIGNATURE 26. JUNEAL DIRECTOR ADDRESS		20a. FETAL CAUSES	, .	\		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 22. STATE ALL OPERATIONS FOR DELIVERY Armor have I hereby certify that I attended the birth of this child who was born dead on the date stated above at a m. 23a. ATTENDANT'S SIGNATURE 23b. DATE SIGNED 1/- 2/- 5-5 11 NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE 25c. MAME OF CEMETERY OR CREMATORY 25d. LOCATION (City, twn., or county) 25d. LOCATION (City, twn., or county) 26d. LOCATION (City, twn., or county) 26d. LOCATION (City, twn., or county) 27d. REGISTRANS SIGNATURE 26d. MURRAL DIRECTOR ADDRESS	causing fetal death (do NOT	HSP	hyxia			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	Prematurity, Asphyxia, etc.)		,	revia		•
I hereby certify that I attended the birth of this child who was born dead on the date stated above at	21. STATE ANY COMPLICATION	S OF PREGNANCY AND	LABOR	22. STATE ALL OPERA	TIONS FOR DELIVERY	•
attended the birth of this child who was born dead on the date stated above at	Hemore			(acsor	an sect	on
on the date stated above at 23c. ATTENDANT'S ADDRESS If NOT stateded by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE at 25c. AME OF CEMETERY OR CREMATORY 25d. LOCATION (City, wm, or county) DATE REC'D BY LOCAL REGISTRANS SIGNATURE 26. JUNEAL DIRECTOR		23a. ATTENDANT	SIGNATURE	- (Specify if M. D	o., midwife, or other)	
at	child who was born dead	23c. ATTENDANT'S ADD	RESS	If NOT 24 SIGNAT	TURE OF AUTHORIZED OF	
DATE REC'D BY LOCAL REGISTRATES SIGNATURE 26. JUNEAU DIRECTOR ADDRESS ADDRESS			V	attended by		
DATE REC'D BY LOCAL REGISTRATS SIGNATURE 26. JUNEAU DIRECTOR ADDRESS	BURIAL, CREMA-	DATE 250	ME OF CEMETERY	OR CREMATORY	25d. LOCATION (City,	
$A = A = REG = \{1, 1, 1, 2, \dots, 1, 1, 2, \dots, 1, 1, 2, \dots, 1, 1, 2, \dots, 1, 1, 2, \dots, 1, 2, \dots, 1, 2, \dots, 1, 2, \dots, 2$	DATE REC'D BY LOCAL REQ	STRASS SIGNATURE	7	26 JUNEAU DIRPOT	R / DT	
· //		Thuak	Pern	grun all	16 1 all	vee Am
				<i>U</i>		

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PHS-797(VS)	e)	State File		189			
FEDERAL SECURITY AGEI PUBLIC HEALTH SERVICE	"NOV 1 0 195	GERTIFICATE	OF STILLBIR	RTH	Local Reg.	. No	
	ision of Vital S		Idaho		Reg. Dist.	No4 A	
	TH THE	ausuer	2. USUAL RESID	ENCE OF MO	OTHER (Where	does mother live	17)
a. COUNTY TELON	•		a. STATE Tol	aha.	b. COUNTY	Toton	.,-
b. CITY (If outside corporate li	mits, write RURAL and	give township)	c. CITY (If outside or	orporate limits, write	RURAL and give	1 0	
TOWN TOWN	39.5.		OR TOWN	14.		-	
c. FULL NAME OF (If not in HOSPITAL OR	hogaital institution, give	ve street address or location)	d. STREET ADDRESS	(If rural, give lo	cation)		
3. CHILD'S NAME	tonual	16x HOSD				 	
(Type or Print)		U J					
4. SEX 5a. THIS	m —		WIN OR TRIPLET (This	child born) 6. DAT	TE OF (Mont	h) (Day)	(Year)
1-Ema/c. SINGLE		TRIPLET 1ST	J . 2ND L	3RD	- nc	1V. 3	<u> 1955</u> .
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)		8. COLOR OR	RACE
	Lward	Wa	1ton	Brown	er.	whi	te_
9. AGE (At time of this birth) 2 9 YEARS	10. BIRTHPLACE (St	ate or foreign country) S. I. daho	11a. USUAL OCCUPAT	TION —	11b. KIND OF	BUSINESS OR	INDUSTRY
12. MOTHER'S MAIDEN	a. (First)	b. (Midd	le)	c. (Last)		13. COLOR O	R RACE
MAIDEN NAME	Bewlah	Pea	2-1	Palme	-	. 16 .	L -
14. AGE (At time of this birth)		ate or foreign country)	16. CHILDREN PREVIO			Do NOT includ	le this shild)
24 YEARS	m: la I	daho-	a. How many chil-	b. How many	children were	c. How many	OTHER
17. INFORMANT			dren are now living?	born alive but a	re now dead?	children were (born dead aft	a stillborn er 20 weeks
Edward ?	N. Bro	wer fat	her. 3.	0		pregnancy)?	١.
18a. LENGTH OF PREGNANCY 18b.	WEIGHT AT BIRTH	19 Was a standard	serological test f	or syphilis p	erformed?	Yes.	No
28 WEEKS 4	LBS. OZS.	Approximate dat	te Oct.	15-19	55		
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	bifide, pos	terior en	tire any	1 Cras	n,um ,	bificlun
causing fetal death (do NOT use such terms as Stillbirth.	20b. MATERNAL CA	USES	·			en	tire.
Prematurity, Asphyxia, etc.)							
21. STATE ANY COMPLICATION		ND LABOR	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
Hydram	nios		/	Vone			
I hereby certify that I	23a. ATTENDAN	T'S SIGNATURE	(Specify if M. I)., midwife, or oth	er)	23b. DATE SIG	NED
attended the birth of this child who was born dead	Vana	endo Co Sa	sen n	- D		11-4-	ر-ر-
on the date stated above	23c. ATTENDANT'S		If NOT 24. SIGNA	TURE OF AUTHOR	RIZED OFFICIAL		TITLE
at m.	Driggs	Edaho	attended by physician				
25a. BURIAL, CREMA- TION, REMOVAL (Specify)	DATE OF	25c. NAME OF CEMETERY	OR CREMATORY	25d. LOCATION	(City, town, or c	ounty)	(State)
DATE REC'D BY LOCAL REGI	STRAR'S SIGNATURE	(risa)	26. FUNERAL DIRECT	OR	ADI	ORESS	
		70	· · · · · · · · · · · · · · · · · · ·				

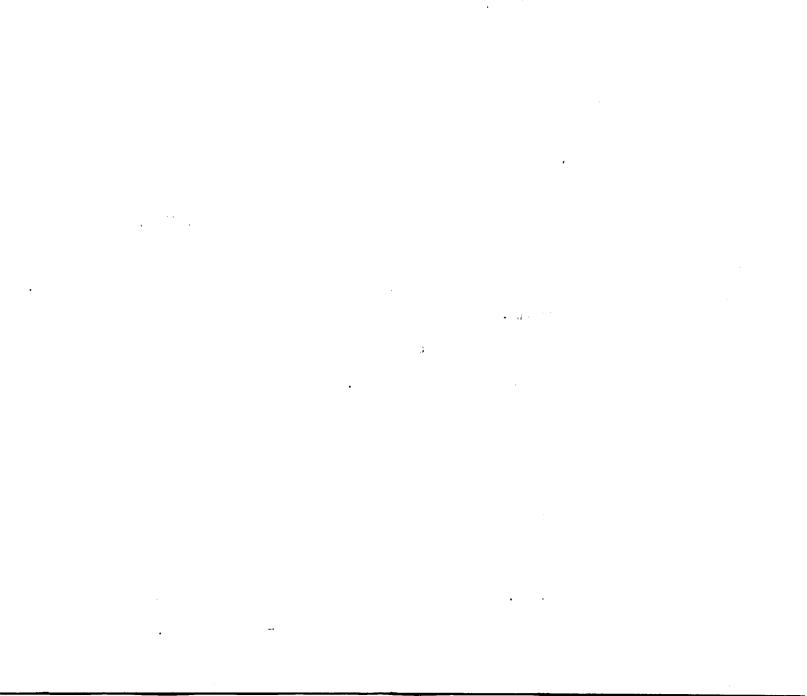
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PHS-797(VS) RECEIVED (1949 Revision of Standard Computer No. 1949 Revision of Standard Computer	STILLBIRTH Local Reg. No.
D. CITY (If outside corporate limits, write RURAL and give township) OR OR	a. STATE TO A NO B. COUNTY IW IN TALLS C. CITY (If outside corporate limits, write RURAL and give township) OR
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MAGIC VAILEY MEMORIA	d. STREET (If rural, give location) ADDRESS R
3. CHILD'S NAME (Type or Print) BAOY BY: AN So. THIS BIRTH MA SINGLE TWIN TRIPLET 1ST	OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year) 2ND 3RD 1 3RD 1 1 - 12 - 5 5
7. FATHER'S a. (First) b. (Middle) GEORGE WLS E	c. (Last) 8. COLOR OR RACE W USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
9. AGE (At time of this birth) 10. BIRTHPLICE (State or foreign country) 11 25 YEARS Jaho 12. MOTHER'S a. (First) b. (Middle) MAIDEN	c. (Last) 13. COLOR OR RACE
NAME G A dy S _ sabel 14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country) 16.	CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) How many children were born alive but are now dead? C. How many OTHER children were stillborn con alive but are now dead? C. How many OTHER children were stillborn dead after 20 weeks
Mother - January 188. LENGTH OF PREG. 18b. WEIGHT AT BIRTH Was a standard service of the NANCY N	rological test for syphilis performed? Yes. X No
OAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) LBS. Z OZS. Approximate date.	a Separate of Plants
none	STATE ALL OPERATIONS FOR DELIVERY
on the date stated doore the late	(Specify if M. D., midwife, or other) 23b. DATE SIGNED 27b. DATE SIGNED 27c. 19 27 27c
25a. BURIAL, CREMA- 25b. DATE 25c. NAME OF CEMETERY OF BURIAL (Boeddy) 11/14/55 Filer I.O.O.F.	
DATÉ REC'D BY LOCAL REGISTRAR'S SIGNATURE 1 (01). 14, 1955 Canona Coman	Reynords Home Twin Falls,

PHS-797(VS) REC		ile No			
PUBLIC HEALTH SERVICEDE	C1 9 1955		teg. No		
b. CITY (If outside corporate ling OR TOWN TW; W) c. FULL NAME OF (If not in b)	+ a S nite, write RURAL and give tow + a S	-	a. STATE T d c. CITY (If outside oo OR TOWN B	ENCE OF MOTHER (W. b. COUNT b. COUNT porate limits, write RURAL and (If rural, give location)	TWIN TALLS.
HOSPITAL OR INSTITUTION MAR 1 3. CHILD'S NAME ((Type or Print)	<u>c Valley Mem</u> 3 also Stirl	ORIAL HOS	mann	L 304	
4. SEX 5a. THIS E	X TWIN TRI	IPLET IST		STILLBIRTH	Month) (Day) (Year) 11 - 24 - 5 - 5 -
7. FATHER'S	a. (First)	Reed		USMANI	8. COLOR OR RACE
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or for	oreign country)	TARM	10N 11b. KIND	OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Mide	·	C. (Låst) HV Le	13. COLOR OR RACE
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or f		a. How many children are now living?	DUSLY BORN TO THIS MOTH b. How many children w born alive but are now dead	ER (Do NOT include this child) ere c. How many OTHER children were stillborn
17. INFORMANT BU	amaun		3	Sold and the details and the details	(born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY WEEKS		⁷ as a standard Approxim at e da		or syphilis performed	1? Yes.X No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth,	20a. FETAL CAUSES	found	- auto	Josy perf	med
Prematurity, Asphyxia, etc.)	Placento	el filer	esia - C	ause unde	terminel
21. STATE ANY COMPLICATION	IS OF PREGNANCY AND LA	ABOR ()	22. STATE ALL OPER	ATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDANT'S S	alono	uno	O., midwife, or other) TURE OF AUTHORIZED OFF	23b. DATE SIGNED /// 2/ /a >
on the date stated above at 10:32 A. m.	Film	Ma	attended by physician		
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify) Burial 1	DATE 25c. L/2 6/ 55	NAME OF CEMETER Buhl City		25d. LOCATION (City, town	Idaho
DAYE REC'D BY LOCAL REG	istaar's signature	Torman	26. FUNERAL DIRECT	6 rustense	Buhl, Idaho
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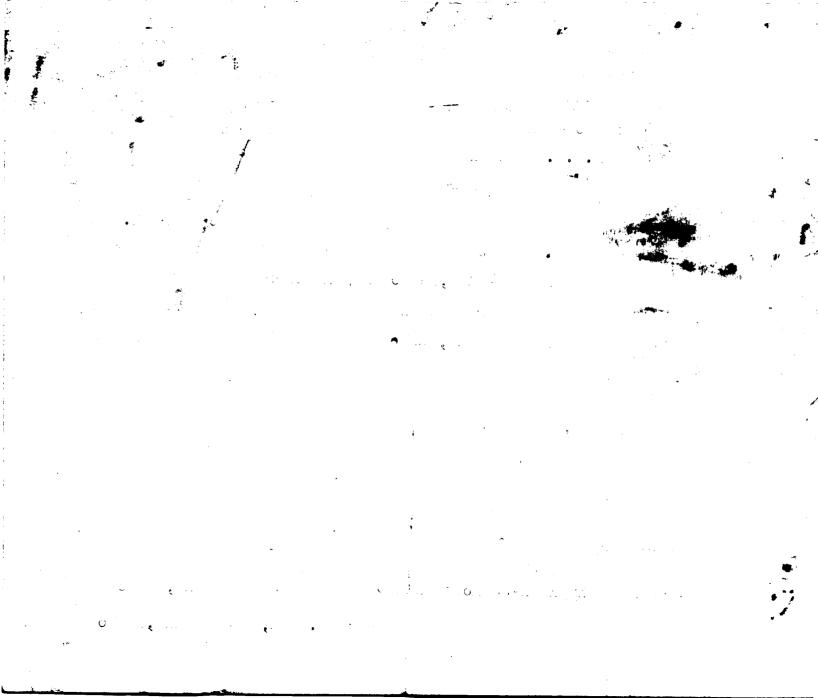
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Judneun	PSTRIVE		-	Standard Certificate	,	State File		92
	FEDERAL SECURITY ARIA PUBLIC HEALTH SERVICE	DEC15 1055	State of	OF STILLBIF Idaho	KIH		No. 370	
	a. COUNTY ADA	cion of Vital Statistics		2. USUAL RESID		b. COUNTY	does mother live?)	
		nits, write RURAL and give townsh		c. CiTY (If outside co	rporate limite, write	RURAL and give		
		ALPHONSUS	drase or location)	d. STREET ADDRESS 614	(If rural, give lo	cation)		
	3. CHILD'S NAME ((Type or Print) CL	ARE WASSOM						
	4. SEX 5a. THIS E			WIN OR TRIPLET (This c	hild born) 6. DAT	TE OF (Mon	th) (Day)	(Year)
	7. FATHER'S NAME EI	a. (First)	b. (Midd CLARE	le)	c. (Last) WASSON		8. COLOR OR I	RACE
	9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign BUHL IDAHO	gn country)	IIa. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR II	
	12. MOTHER'S MAIDEN NAME	a. (First)	b. (Midd	le)	c. (Last) Bock		13. COLOR OR WHITE	RACE
<u> </u>	14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or forei		16. CHILDREN PREVIO a. How many chil- dren are now living?	b. How many born alive but a		c. How many	OTHER stillborn
	17. INFORMANT		· · C-Bois		0	· · · · · · · · · · · · · · · · · · ·	(born dead after pregnancy)?	20 weeks
	NANCY I	LBS. OZS. App	a standard proximate da	serological test f	or syphilis p	erformed	Yes N	To
#	CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	202. FETAL CAUSES CODE MATERNAL CAUSES	ongeria	cal Short U	mbilicai	Card -	obstru	ctel
-	21. STATE ANY COMPLICATION FYEM aturit	. 2-1/	PR	22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
li l	I hereby certify that I attended the birth of this child who was born dead	Za. ATTENDANT'S SIC		undern)., midwife, or oth		23b. DATE SIGN	55
	on the date stated above at	230: ATTENDANT'S ADDRESS	cro	attended by physician	TURE OF AUTHO			TITLE
	Burial De	c. 13. 1955 Mo	rris Hill	OR CREMATORY		Idaho		(State)
-	DATE REC'D BY LOCAL REGINERS.	STRAR'S SIGNATURE Registle to	lner	26. FUNERAL DIRECTO			DRESS Boise	<u>Ida</u> ho
	Form DPH-48020	V		Jos X	neci			



PHS-797(VS) RECEIVED (1949 Revision of	Standard Certificate) State File	_{No.} 193.
FEDERAL SECURITY AGENCY 3 1956 CERTIFICATE	OF STILLBIR		No.
State of	i Idaho	Reg. Dist.	No. VV 7
1. PLACE OF STILLBIRTH Vital Statistics	2 USUAL RESPO	ENCE OF MOTHER (When	- deep ather New\$)
a. COUNTY	a. STATE	b. COUNT	9 , 9 ,
b. CITY (If outside comparate lifetie, write RURAL and give township)	c. CITY (If anytide 8)	rporate limits, write RURAL and give	ear Jake
TOWN Months I daho	TOWN	7-	Carlos Carlos
C. FULL NAME OF (Isaacia hospital of institution rive street address or location)	d. STREET	(If rural, give logation)	
HOSPITAL OR INSTITUTION LAND AND AND AND AND AND AND AND AND AND	ADDRESS		
3. CHILD'S NAME	7		
(Type or Print) Party Knam			
	WIN OR TRIPLET (This e	hild born) 6. DATE OF (Mon	th) / (Day) (Year)
THINGLE SINGLE TWIN TRIPLET IST		STILLBIRT	2 15 1955
7. FATHER'S a. (First) b. (Midd		c. (Last)	8. COLOR OF RACE
NAME (Inches S. La	us G	undon	while
9. AGE (At time of this birth) 10. PATHPLACE (State or foreign country)	11a. USUAL OCCUPAT		BUSINESS OR INDUSTRY
28 YEARS Tennington Jolet	Sololo	Jesola	
12 MOTHER'S 400 a. (First) b. (Alide	ilė)	c. (Last)	13. COLOR OR RACE
MAIDEN NAME LORMA CAN	me 1	Monroe	while
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIO	OUSLY BORN TO THIS MOTHER	(Do NOT include this child)
La YEARS VOCALILO MORO	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	9		children were stillborn (born dead after 20 weeks pregnancy)?
ludy V. Jenson	1		
18a. LENGTA OF PREG. 18b. WEIGHT AT BIRTH 19 Was a standard	serological test f	or syphilis performed?	YesNo
28 WEEKS WEEKS Approximate da	ite aug /	75)	· · · · · · · · · · · · · · · · · · ·
CAUSE OF STILLBIRTH 20a. FETAL CAUSES			
State only morbid conditions causing fetal death (do NOT			
use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	DOBAM/IN	and a land	(1)
	appear a	1 peron	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPER	ATIONS FOR DELIVERY	- a time
Temorrage	Maria	allaravon & sal	TOUR DATE SIGNED
I hereby certify that I 22 ATTENDANT'S SIGNATURE attended the birth of this	(Specify if M. I)., midwife, or other)	23b. DATE SIGNED
child who was born dead	VII NOT 24 SIGNA	TURE OF AUTHORIZED OFFICIA	TITLE
2 D Macting to	attended by physician	IURE OF KUINOKIZED OFFICIA	r 1 1116
250 BURIAL CREMA- 250 DAYE 250 MINE OF CEMETER		25d. LOCAPION (City, town, or	county) (State)
TON, REMOVAL (Schooling)	THE NUMBER		
DATE RESTOR BY LOCAL REGISTANCE SONATURE	287FUNERAL DIRECT		DDRESS 1
121 REG. All Luca	777.77	THE WAR	mille him lela
-/14/1/ 191/11	verile	vujuus 11 V	- year of

PHS-797(VS) 4-48 EEDEBAL SECUE	RE	CEIVI	E D _{(1949 R}	Revision of B	Standard Certificate) Tu	State File Local Reg.		94
PUBLIC HEALTH SE				State of	OF STILLBIR Idaho	in.		No6.2.6	
	_Divisi	on of Vital S	atistics	D.G.O O.			 		
1. PLACE OF S	TILLBIR	TH			2. USUAL RESID	ENCE OF MC	THER (Where	does mother live	2)
	e vi ll				a. STATE Idak	10	b. COUNTY	fferso	<u>a</u>
b. CITY (If outside OR	oorporate lin	nite, write RURAL a	nd give township)		c. CITY (If outside con	rporate limits, write	RURAL and give	township)	
TOWN I	dahe	Falls -			TOWN	Roberts			
c. FULL NAME O HOSPITAL OR INSTITUTION		S.Hospi		or location)	d. STREET ADDRESS	(If rural, give lo	cation)	<u>-</u>	_
3. CHILD'S NA									
[Type or Print)	An	n Lords						
4. SEX	5a. THIS E			.5b. IF T	WIN OR TRIPLET (This el	hild born) 6. DA	TE OF (Mont	h) (Day)	(Year)
Female	SINGLE	TWIN [TRIPLET [] 1ST [] 2ND . :	1 1 1	sember	11.195	5
7. FATHER'S		a. (First)		b. (Midd		c. (Last)	VIIIVO I	8. COLOR OR	
NAME Na than		H. Lor	ds					White	
9. AGE (At time of the	ais birth)	10. BIRTHPLACE		ountry)	11a. USUAL OCCUPAT	ION	11b. KIND OF	BUSINESS OR	INDUSTRY
26	YEARS		falls, I		DayLLabor				
12. MOTHER'S MAIDEN NAME		a. (First) Neva F	ern Ro	b. (Midd bbins	le)	c. (Last)		13. COLOR O	
14. AGE (At time of the	his birth)	15. BIRTHPLACE	(State or foreign o	ountry)	16. CHILDREN PREVIO	DUSLY BORN TO	THIS MOTHER (Do NOT inclu d	le this child)
23	YEARS	Idaho	Falls, I	.dahe	a. How many chil- dren are now living?	b. How many born alive but s	children were re now dead?	c. How many children wer	stillborn
17. INFORMAN	Than	N. 2	nde		3	None		(born dead aft pregnancy)? NOT	
18a. LENGTH OF PA NA WEEKS	NCY	WEIGHT AT BIRT	l 4	standard ximate da	serological test f	or syphilis p	erformed?	Yes	No
CAUSE OF STIL	LBIRTH	20a. FETAL CAU	• •	4	l aunl	0			
causing fetal death	(do NOT	20b. MADERNAL		A CA	a armine r	uua -			
Prematurity, Asphy	xia, etc.)	ZIO. MARENAL	&AAAAA	f					
21. STATE ANY COM	MPLICATION	S OF PREGNANC	Y AND LABOR		22. STATE ALL OPERA	ATIONS FOR DEL	IVERY		
		1	_						
I hereby certif	h of this	23a. ATTENE		ATURE	(Specify if M. I)., midwife, or ot	her)	23b. DATE SI	SNED
child who was be on the date stat		23c. ATTENDAN	S ADDRESS	· · · · · · · · · · · · · · · · · · ·	If NOT 24. SIGNAT	TURE OF AUTHO	RIZED OFFICIA	L	TITLE
at	m.				physician				
25a. BURIAL, CRE TION, REMOVAL (8p Burial	MA- 25b.	DATE /12/1958			or crematory	Idaho F			(State)
DATE REC'D BY LO	CAL REG	TRAR'S SIGNAT	URE	A .	26. UNERAL PRECT	7.10h		DRESS Idaho	
Wec. 27-19.	55 110	ma		1	A TIO	THOUSE CALL	7 1 54 July 19		
L				U					



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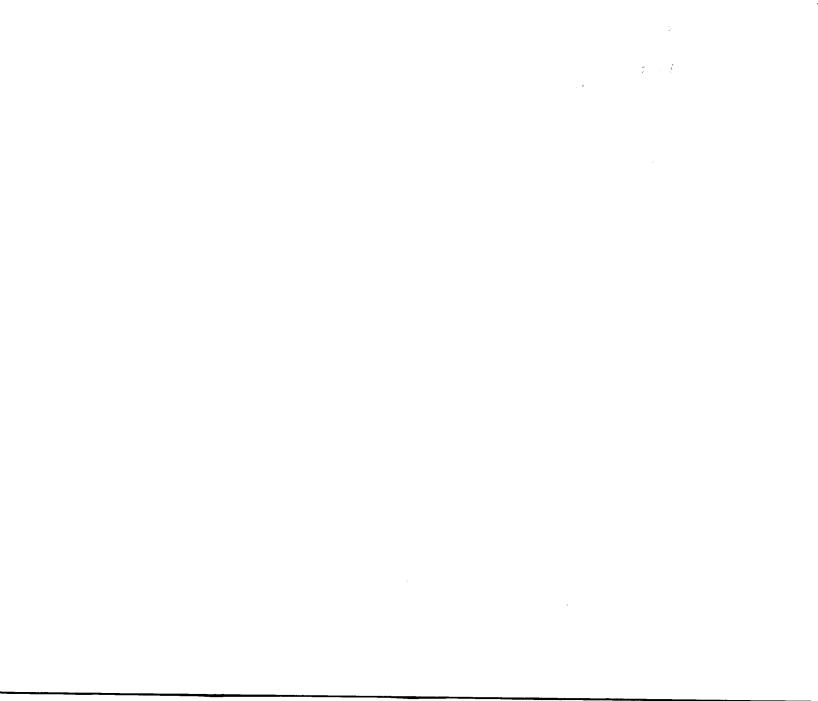
PHS-797(VS) RECEIVE 1949 Revision of	f Standard Certificate) State File No. 195
FEDERAL SECURITY AGENCY CERTIFICATE	OF STILLBIRTH Local Reg. No. 26 7
JAN 3 1955 State of	of Idaho Reg. Dist. No
1. PLACE OF STILLBIRMON OF VITAL Statistics	2. USUAL RESIDENCE OF MOTHER (What does mother live?)
a. COUNTY Donneville	a. STATE take b. COUNTY ON neville.
b. CITY (If outside corporate limits, write RURAL and give township) OR	C. CITY (If outside corporate limits, prite RURAL and give township)
TOWN Laaho Fals	TOWN Idano Falls
c. FULL NAME OF (If not in hospital or institution, give street stidress or location) HOSPITAL OR INSTITUTION A 4056 141	d. STREET (If rural, give location) ADDRESS
3. CHILD'S NAME ((Type or Print) (Type or Print)	Missen
4. SEX 5a. THIS BIRTH 5b. IF Male SINGLE TWIN TRIPLET 1ST	TWIN OR TRIPLET (This child born) 6. DATE OF (Month) (Day) (Year) 2ND 3RD 6. DATE OF (Month) (Day) (Year)
7. FATHER'S a. (First) b. (Mic	
hawrence Lou	is Missen white
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY
40 YEARS RITZVILLE - Washing	on Dentist
12. MOTHER'S MAIDEN NAME 8. (Pirst) D. (Mid NAME	Idle) - G(Last) 13. COLOR OR RACE White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
40 YEARS TETON, Idano	a. How many children were considered the dren are now living? born alive but are now dead? children were stillborn
17. INFORMANT	(born dead after 20 weeks pregnancy)?
18a/LENGTH OF AREG- NANCY WEEKS LBS. OZS. Approximate de	serological test for syphilis performed? Yes
CAUSE OF STILLBIRTH 20a. FETAL CAUSES	
State only morbid conditions causing fetal death (do NOT	r (-t)
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other) 23b. DATE SIGNED
attended the birth of this child who was born dead	19/21/5 ;
on the date stated above 23c. ATTENDANT'S ADDRESS	ANOT 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
at	physician
TION, REMOVAL (Specify) Dec. 291955 Trivate	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. EUNERAL DIRECTOR ADDRESS

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PHS-797(VS) A-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SEPTEMBER OF A STATE OF THE SECURITY AGENCY A STATE OF THE SECURITY A		· · · · · · · · · · · · · · · · · · ·
PHS-797(VS) JAN 1 6 1050 (1949 Revision of	Standard Certificate) State File	$_{No}$ 196
FEDERAL SECURITY AGENCY 6:956 CERTIFICATE	OF STILLBIRTH Local Reg	. No
FEDERAL SECURITY AGENCY 6:956 CERTIFICATE PUBLIC HEALTH SERVICES OF Vital Statistics State of		No3.6.0
I. PLACE OF STILLBIRTH a. COUNTY	2. USUAL RESIDENCE OF MOTHER (When	e does mother live?)
Canyon	a. STATE 9/abo b. COUNTY	Convon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	c. CITY (If outside corporate limits, write RURAL and give OR TOWN	e township)
c. FULL NAME OF (It not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	d STREET (If rotal, give located) ADDRESS	./
3. CHILD'S NAME	my your	<i></i>
((Type or Print)	Dorman East	best
4. SEX 5a. THIS BIRTH 5b. IF	TWIN OR TRIPLET (This child born) 6. DATE OF (Mon	th) (Day) (Year)
7. FATHER'S a. (First) TRIPLET 1ST		e 30,195
NAME - Land Alan		8. COLOR OR RACE
9. AGE (At time of this birth) 10. BIBTHPLACE (State or foreign country)	11a, USUAL OCCUPATION 11b, KIND OF	TUDITE
25 YEARS Homedales Tolo	Colle Zacolo Zi	DUSINESS OR INDUSTRY
12. MOTHER'S b. (Mid-	ille) (Last) (Last)	13. COLOR OR RACE
NAME ON LARGE THE	Day To the	while
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)	16. HILDREN PREVIOUSLY BORN TO THIS MOTHER	
17. INFORMANT	a. How many children were dren are now living? b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
La Van - an we beleat on H.	_ 3	(born dead after 20 weeks pregnancy)?
188. LENGTH OF PREG- 18b. WAGHT AT BIRTH 19 Was a standard	serological test for syphilis performed?	7
42 WEEKS 7 LBS. 12-OZS. Approximate da	te	Yes. No
CAUSE OF STILLBIRTH 20a. FETAL CAUSES		
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES		
nse such terms as Stillbirth, Prematurity, Asphyxia, etc.)		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY	
None	None	
I hereby certify that I 23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other)	23b. DATE SIGNED
attended the birth of this child who was born dead	wer M.D.	12/31/55
on the date stated above 23c. ATTENDANT'S ADDRESS	If NOT 24. SIGNATURE OF AUTHORIZED OFFICIA	L TITLE
at	physician	
TION, REMOVAL (Specify)		county) (State)
Burial Jan. 3, 1956 Kohlerlawn C		DRESS
1-10-5-6 REG. agnes malenman	Hay + Mails	1
	Alsip Funeral Chapel, Named	. Idaho
	Alsip Funeral Chapel, Namga	, IUAIIU

PHS-797(VS) 4-48 FEDERAL SECUR	RE MEDA YTI	CEIVE	D1949 Revi	sion of	Standard Certificate OF STILLBIF	e) ₹ T H	State File		197
PUBLIC HEALTH SE	Divisio	n of Vital Stat	S	tate of	Idaho	****		No3.6	2
1. PLACE OF S	TILLBIR	TH THE	stics		2. USUAL RESID	ENCE OF MO	OTHER (Where	does mother live	aŤ)
a. COUNTY	Canyo	n			a. STATE Ida	ho	b. COUNTY C	anyon	
b. CITY (If outside OR	e corporate lin	nite, write RURAL and	give township)		c. CITY (If outside of OR		e RURAL and give	township)	
	Nampa				Town Nam	<u>19</u>			
c. FULL NAME O HOSPITAL OR INSTITUTION		cepital or institution, gi		ocation)	d. STREET ADDRESS	(If rural, give let 1 st. St. St.	t. No.	Ext.	
3. CHILD'S NA ((Type or Print	ME		UDLEY HA	LL					
4. SEX	5a. THIS B			5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DA	TE OF (Mont	h) (Day)	(Year)
<u>male</u>	SINGLE		TRIPLET	1ST	2ND	3RD 311	12	/30/55	<u>.</u>
7. FATHER'S NAME		a. (First)		b. (Midd		c. (Last)		8. COLOR OF	
		<u>Charles</u>			Ha			whit	е
9. AGE (At time of the	YEARS	10. BIRTHPLACE (See Stewart			11a. USUAL OCCUPAT		11b. KIND OF	BUSINESS OR	INDUSTRY
12. MOTHER'S	TEARS	a. (First)		b. (Midd		c. (Last)	<u> </u>	13. COLOR O	P PACE
MAIDEN NAME		Lucille		. (•	Lawhorn		whit	
14. AGE (At time of th	is birth)	15. BIRTHPLACE (8	tate or foreign counts	ry)	16. CHILDREN PREVIO		THIS MOTHER (
3 <u>1</u>	YEARS	-	<u>Itah</u>		a. How many children are now living?		children were	c. How many children wer (born dead aft	y OTHER e stillborn
x chor	ls.	2/24	0		9	1	o l	pregnancy)?	Weeks
18a, LENGTH OF PR NAI HO WEEKS	NCY P	LBS. OZS.	Approxim	indard ate dai	serological test f	or syphilis p	erformed?	Yes.	No
CAUSE OF STILI State only morbid of causing fetal death use such terms as Prematurity, Asphysic	conditions (do NOT - Stillbirth,	20a. FETAL CAUSES	near	<u>س</u> د	0 7	000 -	* - Po		
21. STATE ANY COM	20	B.	IND LABOR		22. STATE ALL OPER	JIONS FOR DEL	LIVERY.	eerly 1	Mayen
I hereby certify attended the birth child who was bo	of this	23a. ATTENDANES	ADDRESS	JRE /	xche M	, midwife, or oth		23b. DATE SIG	56
on the date state at 4:30	£ m.	Maryon	ADDRESS	,	If NOT 24. SIGNAT physician	TURE OF AUTHO	RIZED OFFICIAL	•	TITLE
25a. BURIAL, CREM TION, REMOVAL (Spec	MA- 25b. I				OR CREMATORY	~	(City, town, or		(State)
Burial DATE REC'D BY LOX		3/56 ETBAR'S SIGNATURI	Kohle	1. TAM	26. FUNERAL DIRECT	<u>/</u>	Nampa,	Ida ho	
anuary 13	EG.	m				dans.	//		daha
()	, 1 7 0 k	The year	u Zh	e je	יווא לים יא ווים:	NTC MOD		mpa, I	daho
		\ 			<u>LEWIS EDMU</u>	MDS WOK	TUARY		

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PHS-797(VS) RFCEVED (1949 Revision of	Standard Certificate	State File	No Taa
SEDERAL SECURITY ASSESSMENT OF THE ASSESSMENT OF	-		. No
PUBLIC HEALTH SERVICE (AN)			No. 140
State of	Idaho	iveg. Dist.	140
1. PLACE OF STILLBIRTH Vital Statistics	2. USUAL RESID	ENCE OF MOTHER (When	e does mother live?)
a. COUNTY Toll Aho		Aho b. COUNTY	Idaha
b. CITY (If outside corporate limits, write RURAL and give township)			
OR C	I OR —	rporate limits, write RURAL and give	
	TOWN 62	RANGEVILL	€
C. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR	d. STREET ADDRESS	(If rural, give location)	
INSTITUTION GENERAL HESPITAL		14 hc. H	
3. CHILD'S NAME			
	Me phen		
4. SEX 5a. THIS BIRTH 5b. IF T	WIN OR TRIPLET (This o	hild born) 6. DATE OF (Mon	th) (Day) (Year)
11) HILE SINGLE TWIN TRIPLET IST		STILLBIRTH STILLBIRTH	ben 28 1555
7. FATHER'S a. (First) b. (Midd	le)	c. (Last)	8. COLOR OR RACE
ALEXHINDRIT JUL	1 M	MKPhERSON	k
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		BUSINESS OR INDUSTRY
28 YEARS CALIFORNIA	service n	and Anos	IANCES
12. MOTHER'S 8. (First) b (Midd		c. (Last)	13. COLOR OR RACE
MAIDEN Phyllis ton	,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	h.
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		MARVIH	1
		DUSLY BORN TO THIS MOTHER	
J YEARS DO DAKOTA	a. How many chil- dren are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn
17. INFORMANT	,		(born dead after 20 weeks pregnancy)?
11 m 11 112 - 12 mayor		0	0
18a. LENGTH OF PREG 18b. WEIGHT AT BIRTH 19 Was a standard	serological test f	or syphilis performed?	Yes L No
24 WEEKS LBS. 14 OZS. Approximate dat	e 290	us 55	110,
CAUSE OF STILLBIRTH 20a. FETAL CAUSES		J = -	
State only morbid conditions	no. +/	+ · - ·	and tind.
causing fetal death (do NOT use such terms as Stillbirth, 20b. MATERNAL CAUSES	y mennes	The same of	ruccigas
Prematurity, Asphyxia, etc.)		•	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22 STATE ALL OPER/	TIONS FOR DELIVERY	
Bluding intermetally for 2 mas.	none		
I hereby certify that I 24. ATTENDANT'S SIGNATURE	(Specify if M. I)., midwife, or other)	23b. DATE SIGNED
attended the birth of this	nan m		28 Dec 55
on the date stated above 23c. ATTENDANT'S ADDRESS		TURE OF AUTHORIZED OFFICIA	
12:09	attended by	TORE OF AUTHORIZED OFFICIA	L TITLE
at m. hangerille, take	F-0		
25a. BURIAL, CREMA- 25b. DATE 0 25c. NAME OF CEMETERY TION, REMOVAL (Specify)	OR CREMATORY	25d. LOCATION (City, town, or	county) (State)
Cremation 29 Dec 1955 General Hosp	ital	Grangeville	ldah
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	26. EUNERAL DIRECTO	or Robertson rune	res Home
Tel 31 1955 Amas Cone	Ale TA	Hansen	Grangavilla
	K R FV VAN V 1	· were	AN ENTERNATION

PHS-797(VS) 4-48			•	Standard Certificate	•	State File	No
FEDERAL SECURITY OF STILLBIRTH PUBLIC HEALTH SERVE ECE VEGERTIFICATE OF STILLBIRTH					RTH	Local Reg.	No. 120
	_		State of	Idaho		neg. Dist.	180
		AN 3 1956 maic (Vital Stati	stics	2 USUAL RESID a. STATE Idal		THER (Where	does mother live!)
		mite, write RURAL and		c. CITY (If outside or		RURAL and give	township)
TOWN CO	eur d'	Alene		TOWN Pos	t Falls		
		e ity Gener	re street address or location)	d. STREET ADDRESS B	(If rural, give loo OX 154	mation)	
3. CHILD'S NAM ((Type or Print))	fant Boy La	rgent				
4. SEX	5a. THIS I		.5b. IF T	WIN OR TRIPLET (This	hild born) 6. DAT	I RIRTH	
Male	SINGLE		TRIPLET 1ST		3RD	Dec	ember 19, 1955
7. FATHER'S NAME		a. (First)	b. (Midd	•	c. (Last)		8. COLOR OR RACE
	Will	Lard	W.	La	rgent		White
9. AGE (At time of the	ie birth)	10. BIRTHPLACE (St	=	11a. USUAL OCCUPAT	NOI		BUSINESS OR INDUSTRY
<u> 70</u>	YEARS		lls, Montana	Baker		Pine	Bakery
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	*	c. (Last)		13. COLOR OR RACE
NAME	Ve.		M•		argent		White
14. AGE (At time of the		15. BIRTHPLACE (8	tate or foreign country)	a. How many chil-			Do NOT include this child) c. How many OTHER
		I POST KAL	187. 102.00	a. How many cum-	D. HOW Many	children were re now dead?	c. how many Olhek
39	YEARS	1000 101	20, 144	dren are now living?	DOLU STIAS DAT ST	e trom deads	children were stillborn
17. INFORMANT	w C	U Ja	rent	dren are now living?	None	e now dead?	(born dead after 20 weeks pregnancy)? NONE
	1/2/ EG- 18b.	WEIGHT AYBIRTH LBS. OZS.	yent.	l serological test i	None		(born dead after 20 weeks pregnancy)? NONE
18a. LENGTH OF PR NAN WEEKS CAUSE OF STILI	EG- 18b.	WEIGHT AFBIRTH	Was a standard Approximate da	l serological test i	None		(born dead after 20 weeks pregnancy)? NONE
18a. LENGTH OF PR NAN WEEKS CAUSE OF STILI	EG- 18b.	WEIGHT AY BIRTH LBS. OZS. 20a. FETAL CAUSES	Was a standard Approximate da	l serological test i	None		(born dead after 20 weeks pregnancy)? NONE
17. INFORMANT 18a, LENGTH OF PR NAM 2 9 WEEKS	EG- 18b. LBIRTH conditions ddo NOT skillbirth,	WEIGHT AFBIRTH LBS. OZS.	Was a standard Approximate da	serological test it	None		(born dead after 20 weeks pregnancy)? NONE
18a. LENGTH OF PR 2 9 WEEKS CAUSE OF STILLI State only morbid causing fetal death use such terms as in Prematurity, Asphysical	BIRTH conditions (do NOT Stillbirth, ia, etc.)	WEIGHT AY BIRTH LBS. OZS. 20a. FETAL CAUSES	Was a standard Approximate da	serological test it	None	erformed?	(born dead after 20 weeks pregnancy)? NONE
18a. LENGTH OF PR 2 9 WEEKS CAUSE OF STILLI State only morbid causing fetal death use such terms as in Prematurity, Asphysical	BIRTH spatial state of this rn dead	WEIGHT APBIRTH LBS. OZS. 20a. FETAL CAUSES 20b. MATERNAL CA	Was a standard Approximate da	serological test is the serolo	None or syphilis p 7-3 Construction Tions for Del	erformed?	(born dead after 20 weeks pregnancy)? NONE YesNo
18a. LENGTH OF PR NAN WEEKS CAUSE OF STILI State only morbid coausing fetal death use such terms as Prematurity, Asphys 21. STATE ANY COM I hereby certify attended the birth child who was bo	BIRTH conditions (do NOT still birth, ia, etc.) PLICATION that I do f this rn dead d above	WEIGHT AT BIRTH LBS. OZS. 20a. FETAL CAUSES 20b. MATERNAL CAUSES 20b. MATERNAL CAUSES 23a. ATTENDA	Was a standard Approximate da	serological test is te. 22. STATE ALL OPER (Specify if M. 1	None or syphilis p	erformed?	(born dead after 20 weeks pregnancy)? NONE YesNo
18a. LENGTH OF PR NAM NAM NAM NAM NAM NAM NAM NAM NAM NAM	BIRTH spatistions (do NOT stillbirth, la, etc.) PLICATION of this rn dead d above m.	WEIGHT AT BIRTH LBS. OZS. 20a. FETAL CAUSES 20b. MATERNAL CAUSES 20b. MATERNAL CAUSES 23a. ATTENDA	Was a standard Approximate da	serological test is te. 22. STATE ALL OPER (Specify if M. 1 If NOT attended by physician Y OR CREMATORY	None or syphilis p - 7 - 3 rions for Del rions for Del rure of Author	erformed?	(born dead after 20 weeks pregnancy)? NONE Yes
18a. LENGTH OF PR NAN WEEKS CAUSE OF STILLI State only morbid cousing fetal death use such terms as in Prematurity, Asphyr 21. STATE ANY COM I hereby certify attended the birth child who was boon the date state at 25a. BURIAL, CREM TION, REMOVAL (Spe- Burlal) DATE REC'D BY LOO	BIRTH sonditions (do NOT stillbirth, la, etc.) PLICATION that I do f this rn dead d above	WEIGHT AT BIRTH LBS. OZS. 20a. FETAL CAUSES 20b. MATERNAL CA NS OF PREGNANCY A 23a. ATTENDAN 25 ATTENDAN 25 ATTENDAN 25 ATTENDAN 26 ATTENDAN 26 ATTENDAN 27 ATTENDAN 27 ATTENDAN 28 ATTENDAN 29 ATTENDAN 20 ATTENDAN 20 ATTENDAN 20 ATTENDAN 20 ATTENDAN 21 ATTENDAN 22 ATTENDAN 23 ATTENDAN 24 ATTENDAN 25 ATTENDAN 26 ATTENDAN 26 ATTENDAN 27 ATTENDAN 27 ATTENDAN 28 ATTENDAN 29 ATTENDAN 20 ATTENDAN 20 ATTENDAN 20 ATTENDAN 20 ATTENDAN 20 ATTENDAN 20 ATTENDAN 20 ATTENDAN 20 ATTENDAN 20 ATTENDAN 20 ATTENDAN 21 ATTEND	Was a standard Approximate da Approximate da ADDRES ADDRES ADDRESS ADDRESS ADDRESS POR CEMETER FOREST Cem	serological test is te. 22. STATE ALL OPER (Specify if M. 1 If NOT attended by physician Y OR CREMATORY	None or syphilis p - 7 - 3 None or syphilis p Tions for DEL Tions for DEL Ture of Author Coeur	erformed? Sivery (City, town, or d'Alene	(born dead after 20 weeks pregnancy)? None Yes
18a. LENGTH OF PR NAN WEEKS CAUSE OF STILLI State only morbid cousing fetal death use such terms as in Prematurity, Asphyr 21. STATE ANY COM I hereby certify attended the birth child who was boon the date state at 25a. BURIAL, CREM TION, REMOVAL (Spe- Burlal) DATE REC'D BY LOO	BIRTH conditions (do NOT still birth, ia, etc.) PLICATION The transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of tr	WEIGHT AVBIRTH LBS. OZS. 20a. FETAL CAUSES 20b. MATERNAL CA NS OF PREGNANCY A 23a. ATTENDAN 25 ATTENDAN DATE 22-1955	Was a standard Approximate da Approximate da ADDRES ADDRES ADDRESS ADDRESS ADDRESS POR CEMETER FOREST Cem	serological test in the serological test in the serological test in the serological test in the serological test in the serological test in the serological test in the serological serological serological serological serological serological serological serological serological serological serological serological serological test in the serological serolo	None or syphilis p - 7 - 3 None or syphilis p Tions for DEL Tions for DEL Ture of Author Coeur	erformed? Sivery (City, town, or d'Alene	(born dead after 20 weeks pregnancy)? None Yes

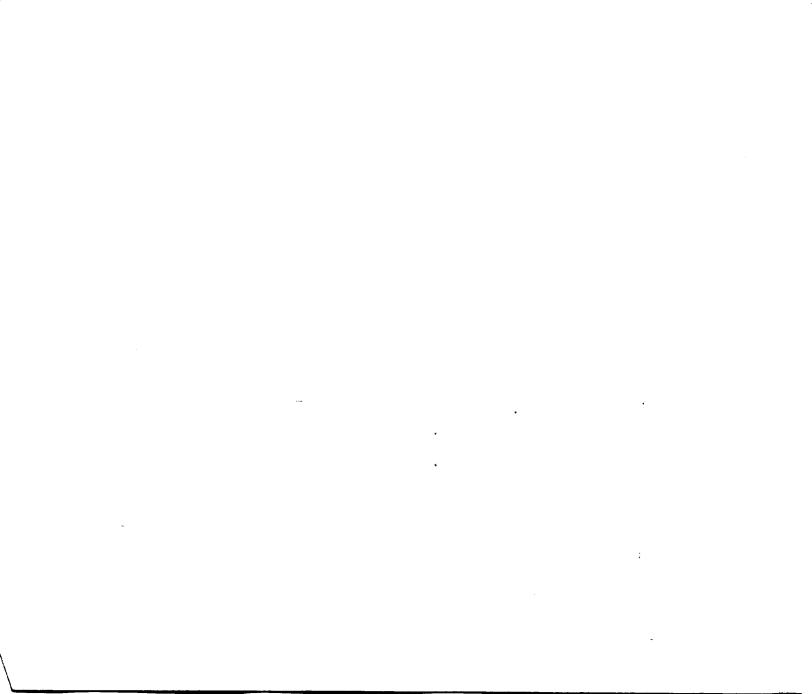
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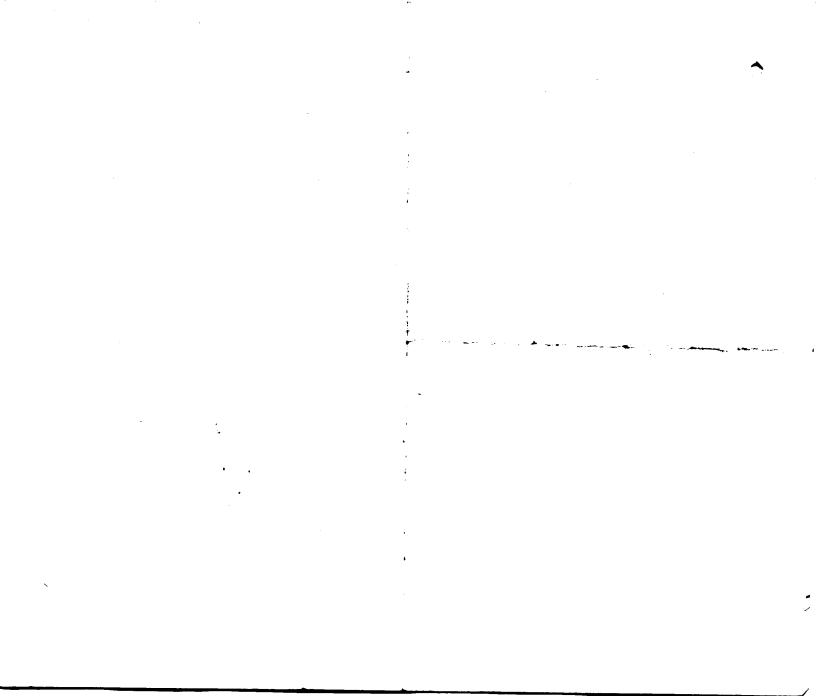
FEDERAL SECURITY AGENCY FINE TIFICATE	OF STILLBLE		No. 2111
PUBLIC HEALTH SERVICE IAND 2 CCC State o		Reg. Dist.	. No200
1. PLACE OF STILLBIRTH		EVER OF MOTURE	
a. COUNTY Latan of Vital Statistics	a. STATE Washi	ence of mother (When b. COUNTY	Whitman
b. CITY (If outside corporate limits, write RURAL and give township) OR		rporate limits, write RURAL and giv	re township)
TOWN Moscow	TOWN Pul]	Lman	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Gritman Hospital	d. STREET ADDRESS 150	(If rural, give location) 9 Fisk St.	
3. CHILD'S NAME			
(Type or Print) Baby Girl Lapkin			
4. SEX 5a. THIS BIRTH 5b. IF	TWIN OR TRIPLET (This c	hild born) 6. DATE OF (Mon	
Female SINGLE X TWIN TRIPLET 1ST	2ND	3RD STILLBIRTH NOV	12 1955
7. FATHER'S a. (First) b. (Mid	ile)	c. (Last)	8. COLOR OR RACE
David Theod	ore	Lapkin	White
9. AGE (At time of this birth) 10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPAT		F BUSINESS OR INDUSTRY
32 _{YEARS} Virginia	Teacher	Univer	sity
12. MOTHER'S a. (First) b. (Mid MAIDEN	ile)	c. (Last)	13. COLOR OR RACE
NAME Beverley Jea	Ω	Jefferson	White
14. AGE (At time of this birth) 15. BIRTHPLACE (State or foreign country)		DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
26 years So. Dakota	a. How many chil- dren are now living?	 b. How many children were born alive but are now dead? 	c. How many OTHER children were stillborn
17. INFORMANT			(born dead after 20 weeks pregnancy)?
Beverly Jean Lapkin	2	0	0
18a. LENGTH OF PREGNANCY NANCY LBS. OZS. Approximate de		or syphilis performed?	Yes No
CAUSE OF STILLBIRTH 20a. FETAL CAUSES			
causing fetal death (do NOT)			· · · · · · · · · · · · · · · · · · ·
Decreative to Academic Academi	round neck		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
I hereby certify that I 23a. ATTESTOANT'S SIGNATURE	/ (Specify if M. T	o, midwiff or other)	23b, DATE SIGNED
attended the birth of this	Maria	Ž. , Ž.	1-11-56
on the date stated above 23c. ATTENDANT'S ADDRESS	II NOT 24. SIGNA	TURE OF AUTHORIZED OFFICE	AL TITLE
at 7:30 A m. \ made	attended by physician		
25a. BURIAL, CREMA- TION, REMOVAL (Specify) 25b. DATE 25c. NAME OF CEMETER	Y OR CREMATORY	25d. LOCATION (City, town, or	r county) (State)
Cremation 11-12-1955 Gritman Ho	spital	Moscow	Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	26. FUNERAL DIRECT	OR A	DDRESS
1/19/56 REG. Laca 6. Words	David R. T.	ate Mos	cow, Idaho

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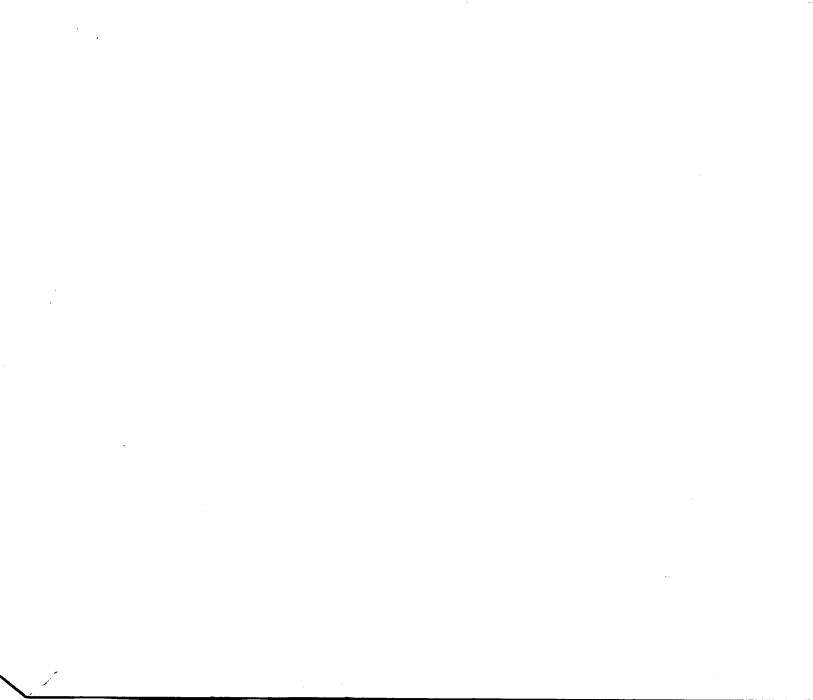
	AN 9 1956 CE	RTIFICATE State of	Standard Certificate OF STILLBIF Idaho	RTH Local 1	File No. 202 Reg. No. 37 Pist. No. 220
1. PLACE OF STUNES a. COUNTY Latah	कृत्का Vital Statistic		2. USUAL RESID a. STATE Wash	ENCE OF MOTHER (Where does mother live?)
b. CITY (II outside corporate OR TOWN MOSCOU	,	-	c. CITY (If outside co	rporate limits, write RURAL and 11 man	
	thospital or institution, give standard for the control of the con	reet address or location)	d. STREET ADDRESS 9	(If rural, give location) Haw	u Road
3. CHILD'S NAME ((Type or Print)	Baby		Kinder		
4. SEX Sa. THIS SINGLE	TWIN .	TRIPLET 1ST	WIN OR TRIPLET (This c	6. DATE OF (STILLBIRTH	Month) (Day) (Year) 11/25/55
	a. (First) Cenneth Kerr		Kin		8. COLOR OR RACE white
9. AGE (At time of this birth) 2 9 YEARS		Wash F		rounds 11b. Kini	D OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) Jouce	b. (Midd Dorot	hy Bro	c. (Last) enneke	13. COLOR OR RACE white
14. AGE (At time of this birth) YEARS 17. INFORMANT	/. 0	or foreign country) <u>Idaho</u>	a. How many children are now living?	b. How many children v born alive but are now dea	HER (Do NOT include this child) vere c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
18a. LENGTH OF PREGNANCY 18 mos. WEEKS		Was a standard Approximate da		or syphilis performe	d? Yes X No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. PETAL CAUSES Rh fa 20b. MATERNAL CAUSE Rh fac	ES			
21. STATE ANY COMPLICATION Profuse hem		LABOR	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead	Do	Lo Gil	Ivelin o)., midwife, or other)	23b. DATE SIGNED 11-28-55
on the date stated above at 12:47 AMm.	maxael.	Stales	attended by physician	TURE OF AUTHORIZED OFF	
TION REMOVAL (Specify) hurial	25/55 25	c. NAME OF CEMETER City Cem	etery	25d. LOCATION (City, tow Pullman,	Wash
DATE REC'D BY LOCAL REG.	GISTRAR'S SIGNATURE	ngel KI	26. FUNERAL DIRECTO MBALL FUNE	or ERAL FOME, PU	ADDRESS LLMAN, WN.
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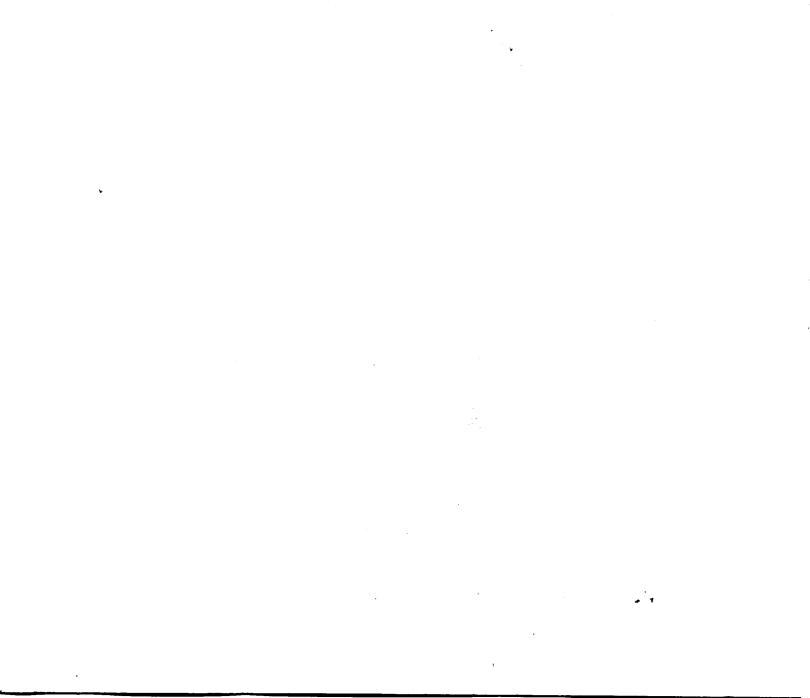
FNS-191(VS)	EIVED	(1949 Revision of	Standard Certificate) State File	No. 203
FEDERAL SECURITY AGE	√e√6 -356 c	ERTIFICATE (OF STILLBIR	TH Local Reg	
PUBLIC HEALTH CERVICE DIVISION O	l Vital Statistics	State of	Idaho	Reg. Dist.	No
I I PLACE OF STILLBIR	TH.	_		ENCE OF MOTHER (When	
a. COUNTY	uson		a. STATE	and, b. county	Madison
b. CITY (If outside corporate li	mits, write RURAL and gi	ve township)	OR 🚜	rporate limits, write RURAL and riv	township)
TOWN	nering			ural - sa	Kem
HOSPITAL OR INSTITUTION	hospital or institution, give	Memorial	d. STREET ADDRESS	(If rural, give location)	J. D. 2
3. CHILD'S NAME ((Type or Print)	Baby &	Bagley			
4. SEX SINGLE SINGLE		TRIPLET 1ST	WIN OR TRIPLET (This c	hild born) 6. DATE OF (Mon	th) (Day) (Year)
7. FATHER'S NAME	A. (First)	b. (M 4dd		(Last)	8. COLOR OB RACE
9. AGE (At time of this birth) YEARS	10. BLRTHPLACE (Sta	to or toroign postpary	11a. USUAL OCCUPAT	TION JUB. KIND OF	F BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First)	lee he	terson	c. (Last)	13. COLOR OR RACE
14. AGE (At time of this birth)	15. BIRTHPLACE (Sta	te or foreign-country)		DUSLY BORN TO THIS MOTHER	(Do NOT include this child)
28 YEARS.	Stalln	Chony Golas	a. How many chil- dren are now living?	 b. How many children were born alive but are now dead? 	c. How many OTHER children were stillborn
17. INFORMANT	R. D		/	, 0	(born dead after 20 weeks pregnancy)?
18a, LENGTH OF PREG- 18b.	WEBSHT AT BIRTH	19 3 37 - 3 - 3 - 3	·	or syphilis performed?	Vac V No.
8/2 WELLS THE TA	LBS./4/ OZS.	Approximate da		or sypinus performed:	Yes No
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	Erythro	blastos	is fetal	·
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAL	h negative	· with mar	ked sensitive	vity
21. STATE ANY COMPLICATION		ND LABOR "	22. STATE ALL OPERA	ATIONS FOR DELIVERY	
I hereby certify that I		T'S)SIGNATURE	Specify if M. I)., midwife, on other)	23b. DATE SIGNED
attended the birth of this	45	low the	Taxely	w.	12-17-55
child who was born dead on the date stated above	23c. ATTENDANT'S A	DDRESS	If NOT 24. GGNA attended by physician	TURE OF AUTHORIZED OFFICIA	AL TITLE
25a, BURIAL, CREMA- 25b.	DATE	25c. MAME OF CEMETER	Y OR CREMATORY	25d. LOGATION (City, town, o	r county) (State)
TION, REMOVAL (Specific	2/12/55	Kester	urg	Deploure 1	nadison Idahe
DATE REC'D BY LOCAL REG.	STRAP'S SIGNATURE	10	25 FUNERAL DIRECT	OR A	DDRESS DA 10
12-12-55	Llona	Tlanim	1/ cus	exterma	" Selving
	/			·	



PHS-797(VS) [REC	EIVED		n of Standard Certificat	•	e File No. 204M
FEDERAL SECUR	RITY AGE	NCY (110		TE OF STILLBI	RTH Loca	il Reg. No
	- 1 1 1 V	3.5 ()	Stat	te of Idaho	rieg.	Dist. No
1. PLACE OF S	TILLBIA	e t h	**:	2. USUAL RESID	DENCE OF MOTHER	
a. COUNTY	mis	ridoha			dato	mundond
OR	le corporate li	imits, write RURAL and	give township)	II OR _	orporate limits, write RURAL	and give township)
TOWN	Tup	ut.		TOWN	mudsh	<u> </u>
c. FULL NAME C HOSPITAL OR INSTITUTION		hospital or institution a	ive street address or locati	d. STREET ADDRESS	(If rural, give location)	
3. CHILD'S NA		2 0	\sim			
(Type of Fitte	1/4	rula	Donne	Courte	ght	
4, SEX Jumale	5a. THIS			o. IF TWIN OR TRIPLET (ТЫМ 1ST 2ND	6. DATE OF STILLBIRT	(Month) (Day) (Year)
7. FATHER'S	 	a. (First)	b.	(Middle)	c. (Last)	8. COLOR OR RACE
NAME	Pa	rul BCs	untrios	ht		20hile
9. AGE (At time of t	this (sixh)	10. BIRTHPLACE (state or foreign country)	11a. USUAL OCCUPA	TION 11b. K	IND OF BUSINESS OR INDUSTRY
45	YEARS	Pucker		n Condain	or on Carlos	ad .
12. MOTHER'S MAIDEN	0	a. (First)	b.	(Middle)	c. (Last)	13. COLOR OR RACE
NAME		nothy	- In	···	trast	whole
14. AGE (At time of t		15. BIRTHPLACE (State or foreign country)	a. How many chil-		OTHER (Do NOT include this child) were c. How many OTHER
38	YEARS	Chaylo	n. Man	dren are now living?	born alive but are now	dead? children were stillborn (born dead after 20 weeks
17 INFORMAN	13	Court	ight	4	0	pregnancy)?
18a. LENGTH OF P NA WEEK	ANCY	. WEIGHT AT BIRTH LBS. OZS.	⁹ Was a stand Approximat		for syphilis perform	ned? Yes No
CAUSE OF STIL	conditions	20a. FETAL CAUSE	f Kus	ww .	Sulbull	bant I week
causing fetal death	(do NOT Stillbirth.	20b. MATERNAL C	AUSES		Digle	re buch
Prematurity, Asphy	yxia, etc.)				~ /-	
21. STATE ANY CO	MPLICATIO	NS OF PREGNANCY	AND LABOR	22. STATE ALL OPE	RATIONS FOR DELIVERY	
I hereby certi	fu that I	23a. ATTENDA	NT'S SIGNATUR	RE (Specify if M.	D., midwife, or other)	23b. DATE SIGNED
attended the bir	th of this	0	Mills e	elines mo		12-8-55
child who was b	orn dead ted above	23c. ATTENDANT	ADDRESS	If NOT 24. SIGN	ATURE OF AUTHORIZED	OFFICIAL TITLE
at		Test	ex Ndob	physician physician		
25a. BURIAL, CRE		DATE ()	25c. NAME OF CEM	METERY OR CREMATORY	25d. LOCATION (City,	town, or county) (State)
DATE REC'D BY L	OCAL REC	GIST RAR'S SIGNATU	RÉ .	26. FUNERAL DIREC	TOR	ADDRESS
1 11 21	REG.	NEL	maso	Red	Bond	Rugart 2de
	<u> </u>	- 41 42				



REC	CEIVE						
PHS-797(VS)	-	(1949 Revision of	Standard Certificate	e)	State File N	0201	
FEDERAL SECURITY AST PUBLIC HEALTH SERVICE		ERTIFICATE	OF STILLBIF	RTH	Local Reg. 1		<u> </u>
Distan	of Vital Statistics	State of	Idaho		Reg. Dist. N	o <i></i>	2
1. PLACE OF STILLBIR	тн		2. USUAL RESID	ENCE OF MO	THER (Where de	oes mother live?)	
a. COUNTY	- Fall		a. STATE	alan	b. COUNTY	uin Fa	00
b. CITY (If outside corporate li	mite, write RURAL and give	e township)	c. CITY (If outside on	rporate limits, write	RURAL and give to		<u> </u>
TOWN Taken	- Falls		TOWN K	mberli	_		
c. FULL NAME OF (If not in I HOSPITAL OR INSTITUTION	hospital or institution, give a	` 111 .	d. STREET ADDRESS	(If rural, give log	(tion)		
3. CHILD'S NAME	4			01:0			
((Type or Print)	nc Dru	mmond	Baly,	Dul,		Doral	
4. SEX Famale Single	<u> </u>	TRIPLET 1ST	WIN OR TRIPLET (Thise of	hild born) 6. DATI STIL	E OF (Month) LBIRTH /2	(Day) - 2/	(Year) 5~5 \
7. FATHER'S NAME	a. (First)	b. (Midd	le)	c. (Last)	Į. ⁸	COLOR OR RA	ACE
NAME	Villian	$\overline{}$	カ	2 c Doug	nmond	ω	
9. AGE (At time of this birth)	10. BIRTHPLACE (State	or foreign country)	11a. USUAL OCCUPAT		11b. KIND OF B	USINESS OR IN	DUSTRY
24 YEARS	Idalis		dairuma	n	Sunt	t + C	_
12. MOTHER'S MAIDEN	a. (First)	b. (Midd		c. (Last)		3. COLOR OR R	ACE
NAME	alue			Lecree	/ /	ω	
14. AGE (At time of this birth)	15. BIRTHPLACE (State	or foreign country)	16. CHILDREN PREVIO	 			
21 YEARS	Idas	ho	a. How many chil- dren are now living?	b. How many of born alive but are	now dead?	. How many O hildren were s	tillborn
Mrs. William	Ma Down	mand	3	o		born dead after 2 oregnancy)?	0 weeks O
1111101	WEIGHT AT BIRTH	⁹ Was a standard	serological test f	or syphilis pe	rformed? Y	es / No	· .
40 WEEKS 8	LBS. 8 OZS.	Approximate da	te.	or approximately			-
CAUSE OF STILLBIRTH State only morbid conditions	20a. FETAL CAUSES	What Ca	ed arom	d neck	+ hod	7	
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUS	Es Premo	ture Sin	arabin	of pla	ierila	
21. STATE ANY COMPLICATION	IS OF PREGNANCY AND		22. STATE ALL OPER	ATIONS FOR DELI		1	
Sei ahorie.			Outles	friens	+ Epu	olom	1_
I hereby certify that I	23a. ATTENDANT	SIGNATURE	(Specify if M. I	midwife, or other		3b. DATE SIGNE	_
attended the birth of this child who was born dead		in Illes	curent	my.	1/	12-21-5	<u>J</u>
on the date stated above	23c. ATTENDANT'S AD	DRESS	If NOT 24. SIGNAT	TURE OF AUTHOR	IZED OFFICIAL	TI	TLE
at 6 SLP m.	Kimberly,	Idaho	physician				
25a, BURIAL, CREMA- TION, REMOVAL (Specify)	7-74-55	Sunsat Wen		1Win V	City, town, or oo	unty) (State)
	ISTAR'S SIGNATURE	01 4	26. FUNERAL DIRECT		ADDI		,
Lbc. 29 1955	Jenora C	Lorman	Witzle	postuary	Mergh	Wanter 1	



PHS-797(VS) 4-48	•:*	YE	(1949 Revision of	Standard Certificat	e)	State File No.	206
4-48 FEDERAL SECUF PUBLIC HEALTH SI	LISTICE		CERTIFICATE State of		RTH 1	Local Reg. No Reg. Dist. No.	- 74 6
	12711516		the Dillion				
1. PLACE OF S a. COUNTY	Ada	RTH		2. USUAL RESID	ence of moti laho		mother live?)
b. CITY (If outsid OR TOWN	Bois	imite, write RURAL and	give township)	11 OR	orporate limits, write RU	RAL and give town	ship)
			······································		oise		
HOSPITAL OR INSTITUTION	St.		ve atroet address or location) as Hospital	d. STREET ADDRESS	Il rural, give locati	Street	
3. CHILD'S NA							
M Table of Time	•,	BABY BO	Y TUSTIN				
4. SEX	5a. THIS			WIN OR TRIPLET (This	child born) 6. DATE	OF (Month)	(Day) (Year)
Male	SINGLE		TRIPLET 1ST	2ND	3RD	Dec	<u>. 25, 195</u>
7. FATHER'S NAME		a. (First)	b. (Midd	lle)	c. (Last)	i	OLOR OR RACE
		JAMES	ARTHUR	1	TUSTIN		Nhi te
9. AGE (At time of t	his birth)		tate or foreign country)	11a. USUAL OCCUPA	TION 11	b. KIND OF BUS	INESS OR INDUSTRY
36	YEARS	Cairo.	West Virgin	ia Supit!	Troy Capi	tal, Ind	cLaundr
12. MOTHER'S MAIDEN		a. (First)	b. (Midd	lle)	c. (Last)	13.	COLOR OR RACE
NAME		HELEN	MARIE		WILSON	1	White
14. AGE (At time of t	hie birth)	15. BIRTHPLACE (8	tate or foreign country)	16. CHILDREN PREVI	OUSLY BORN TO THE	S MOTHER (Do N	OT include this child)
28 17.(INPORMAN	YEARS	Emmett	<u>Idaho</u>	a. How many children are now living?	b. How many chi born alive but are r	ldren were c. E	low many OTHER dren were stillborn en dead after 20 weeks
ram	es. a	JunZ		0	0	preg	mancy)?
LENGTH OF P	REG- 18b.	WEIGHT AT BIRTH	1 19 Woo o standard		i		7
NA WEEKS	NCY S	LBS, OZS.	¹⁹ Was a standard Approximate da	te $2 - \xi - g$		formed? Yes	No
CAUSE OF STIL		20a. FETAL CAUSES	mother,	typerten	men Sa	ne to	y Stone
State only morbid causing fetal death use such terms as	conditions (do NOT	locen	da tetrol	- Mil	her Hart in	efout	ent bregi
use such terms as Prematurity, Asphy	Stillbirth, xia, etc.)	20b. MATERNAL CA	AUSES - 5	leeding for	ist trunce	stry-	127
21. STATE ANY CO	MPLICATION	S OF PREGNANCY	AND/LARGOR STATE	STATE ALL OPER	ATIONS FOR DELIVE	RY	30
56 Neg		Juguesa	of fau dyen	1.5/ 7			
I hereby certi	fu that I	23a. ATTENDAN	IT'S SIGNATURE	(Specify if M.)	D., midwife, or other)		DATE SIGNED (
attended the birt		0.10	16 /2 >	(opoun, 1)			r_00_4 \$
child who was b on the date stat		23c. ATTENDANT'S	ADDRESS	II NOT 24 SIGNA	TURE OF AUTHORIZ	ED OFFICIAL	TITLE
on ine aaie siai at		Boise	Ziono	attended by physician	TURE OF AUTHORIZ	ED OFFICIAL	IIILE
		DATE	25c. NAME OF CEMETER		25d. LOCATION (C	ty, town, or count	ty) (State)
25a. BURIAL, CRE TION, REMOVAL (8p. Burial	12 12	2/29/55	Cloverdale		Park Bo	ise, Id	aho
DATE REC'D BY LO		ISTRAR'S SIGNATUR	E Pa	Cleftle Both	Dum	ADDRES	s Boise, Id
1-6-56		ruptle	- lalmes	SUMMERS F	UNERAL HO	ME	TOTOG, IU
		(/					

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PHS-797(VS) 4-48	(1949 Res	vision of S	tandard Certificate) State F	lle No. 207
FEDERAL SECURITY AGEN PUBLIC HEALTH SERVICE	CERTIFIC	CATE C	OF STILLBIR		eg. No. 4 6 9
1 // 1		State of	idaho	Reg. Dis	st. No. 370
1. PLACE OF STILLBIR	TH ^O 19 19 19 19 19 19 19 19 19 19 19 19 19		2. USUAL RESID	ENCE OF MOTHER (WE	
b. CITY (If outside corporate lin	nits, write RURAL and give township)		c. CiTY (If outside oo OR TOWN 3c-	rporate limits, write RURAL and a	give township)
C. FULL NAME OF (If not in h HOSPITAL OR INSTITUTION	nospital or institution, give street address or	location)	d. STREET ADDRESS	(If rural, give location)	7
3. CHILD'S NAME ((Type or Print)	J				
4. Sa. THIS E SINGLE		5b. IF TW	/IN OR TRIPLET (This c	- STILLBIRTH	onth) (Day) (Year)
7. FATHER'S NAME	a. (First) William	b. (Middle	n. p.L	C. (Last)	8. COLOR OR RACE
9. AGE (At time of this birth) 3 9 YEARS	10. BIRTHPLACE (State or foreign coun	ntry()	11a. USUAL OCCUPAT	ION 11b. KIND	OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME	a. (First) Bessue	b. (Middle	Lit	C. (Last) MC Connell	13. COLOR OR RACE
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign cour	ntry) O	16. CHILDREN PREVIO	DUSLY BORN TO THIS MOTHE	R (Do NOT include this child)
3 9 YEARS	Jourshing one		a. How many children are now living?	b. How many children we born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
Truo Foles					•
18a. LENGTH OF PREG- 18b. NANCY WEEKS	LBS. ozs. Approxi	tandard s mate dat		or syphilis performed	? Yes. K No
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT	20a. FETALCAUSES CCULT	prol	appe of l	entitical o	cord-
causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20b. MATERNAL CAUSES		8		
21. STATE ANY COMPLICATION	s of pregnancy and Labor acental Tarnal	•	22. STATE ALL OPERA	areas Sec	trui
I hereby certify that I attended the birth of this child who was born dead	23a. ATTENDANT'S SIGNAT	W L	pecify if M. I	, midwife, or other)	23b. DATE SIGNED 1-2-32
on the date stated above at	23c. ATTEMPANT'S ADDRESS		If NOT 24. SIGNAT titended by physician	TURE OF AUTHORIZED OFFIC	CIAL TITLE
25a. BURIAL, CREMA- 25b. TION, REMOVAL (Specify)		cemetery her ZL	OR CREMATORY Special	25d. LOCATION (City, town,	or county) (State)
DATE REC'D BY LOCAL REGI	STRAR'S SIGNATURE Pal	mes	# FUNERAL DIRECTO	Reso (Cduest.	ADDRESS

	•			
		•		
		 		

HS-797(VS)	E(CEIVE	D (1949 Revi	ision of	Standard Certificat	e)	State File	No	Q	
EDERAL SECURITY AGENCY 20 956 CERTIFICATE					OF STILLBIF	RTH		Local Reg. No.		
			S	tate of	Idaho		Reg. Dist.	No3.6()	
Di . PLACE OF STIL	Visio LBIR	on Vital Seal	stics		2 USUAL RESID	ENCE O	F MOTHER (Where	does mother live?)		
a. COUNTY				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idoho b. COUNTY CONYON						
Canyon				Idaho Canyon						
b. CITY (If outside corporate limits, write RURAL and give township) OR				C. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP DESCRIPTIONS						
TOWN Caldwell					TOWN Nampa, Rural					
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR				d. STREET (If rural, give location) ADDRESS						
		<u>ell Memor</u>	ial Hospita		Rur	al Roi	<u>ite # 4 </u>			
B. CHILD'S NAME ((Type or Print)		NFANT SO	N EGBERT	•						
I. SEX 5a.	THIS		., 2022		WIN OR TRIPLET (This	child born)	6. DATE OF (Mon	th) (Day)	(Year)	
Male s	INGLE	X TWIN	TRIPLET	IST [2ND	3RD	STILLBIRTH Dec	ember 30,	1955	
. FATHER'S	THOLE !	a. (First)		b. (Mide			Last)	8. COLOR OR RA	ACE	
NAME	т	o ole		-	- Egbert			White		
AGE (At time of this bi		ack	(State or foreign count	ew)	11a. USUAL OCCUPAT			BUSINESS OR IN	DUSTRY	
00		Homedal		.,				g's Packing Co.		
2. MOTHER'S	EARS	a. (First)	c, idailo	b. (Mide	'		Last)	13. COLOR OR R		
MAIDEN NAME	т.			b. (Mid	110)	Grif	•	White	,noL	
		aVernie			Lie cui porti porti				hdo ab 1145	
AGE (At time of this bi			(State or foreign count	xy)	a. How many chil- b. How many children were c. How many OTHER					
22 YEARS Nampa, Idaho			dren are now living?	born aliv	e but are now dead?	children were s	till born			
, INFORMANT	-	1 50	0					pregnancy)?	O WOCKS	
yaca		. Com	<u> </u>		3			ļ <u>, , , , , , , , , , , , , , , , , , ,</u>		
LENGTH OF PREG- NANCY	186.	WEIGHT AT BIRTH	*** as a au		serological test	for syph	ilis performed?	Yes. N	0	
WEEKS	<u> </u>	LBS. OZS	'	nate da	.te	,				
DAUSE OF STILLBI		20a. FETAL CAUS	es UNKNOW	112						
tate only morbid cond	litions NOT						. <u>.</u>			
ausing fetal death (do se such terms as Still rematurity, Asphyxia,	birth,	20b. MATERNAL								
		<u>' </u>	nkno wn							
1. STATE ANY COMPLI	CATIO	NS OF PREGNANCY	AND LABOR	.	22. STATE ALL OPER	ATIONS FO	OR DELIVERY			
THI. NO	1	and dur	ing last is	we	٠ . ٤٠	usco	tomy			
I hereby certify to		23a. ATTENDA	NT'S SIGNAT	URE	(Specify if M.)	D., midwife	s, or other)	23b. DATE SIGNE	:D	
ttended the birth of hild who was born		Bell	o W. A	lac	nes	M.S).	Feb. 14	1956	
n the date stated		23c. ATTENDANT	S ADDRESS		If NOT 24. SIGNA	TURE OF	AUTHORIZED OFFICIA	L T	ITLE	
t	m.	Caldwe	M. Dolan	Ro	physician					
5a. BURIAL, CREMA- ION, REMOVAL (Specify)	25b.	DATE	25c. NAME OF	CEMETER	Y OR CREMATORY	25d. LOC	ATION (City, town, or	county)	(State)	
Burial	Ja	n. 6, 1956	Kohler	lawn	Cemetery	Na	ampa, Idaho			
ATE BEOLD BY LOCAL	1 DEC	ISTRAR'S SIGNATA	RE		26. FUNERAL DIRECT	ror-	10 . /AI	PRESS		
7-17-55 REGI	a	any mal	enman	1	John	<i>F</i>	Clack	4		
	· -	0			Idin Funan	ol Cho	apel, Nampa	Idaho		
		·			Wheth Laner	ai Cli	iper, Nampa	y Idailo		

